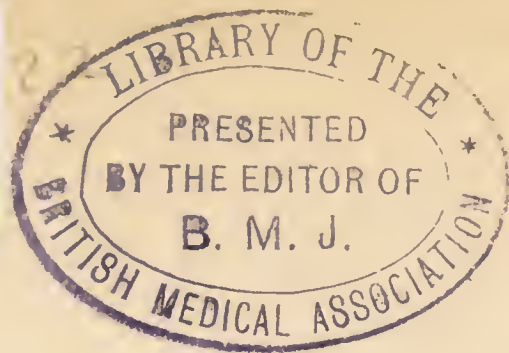


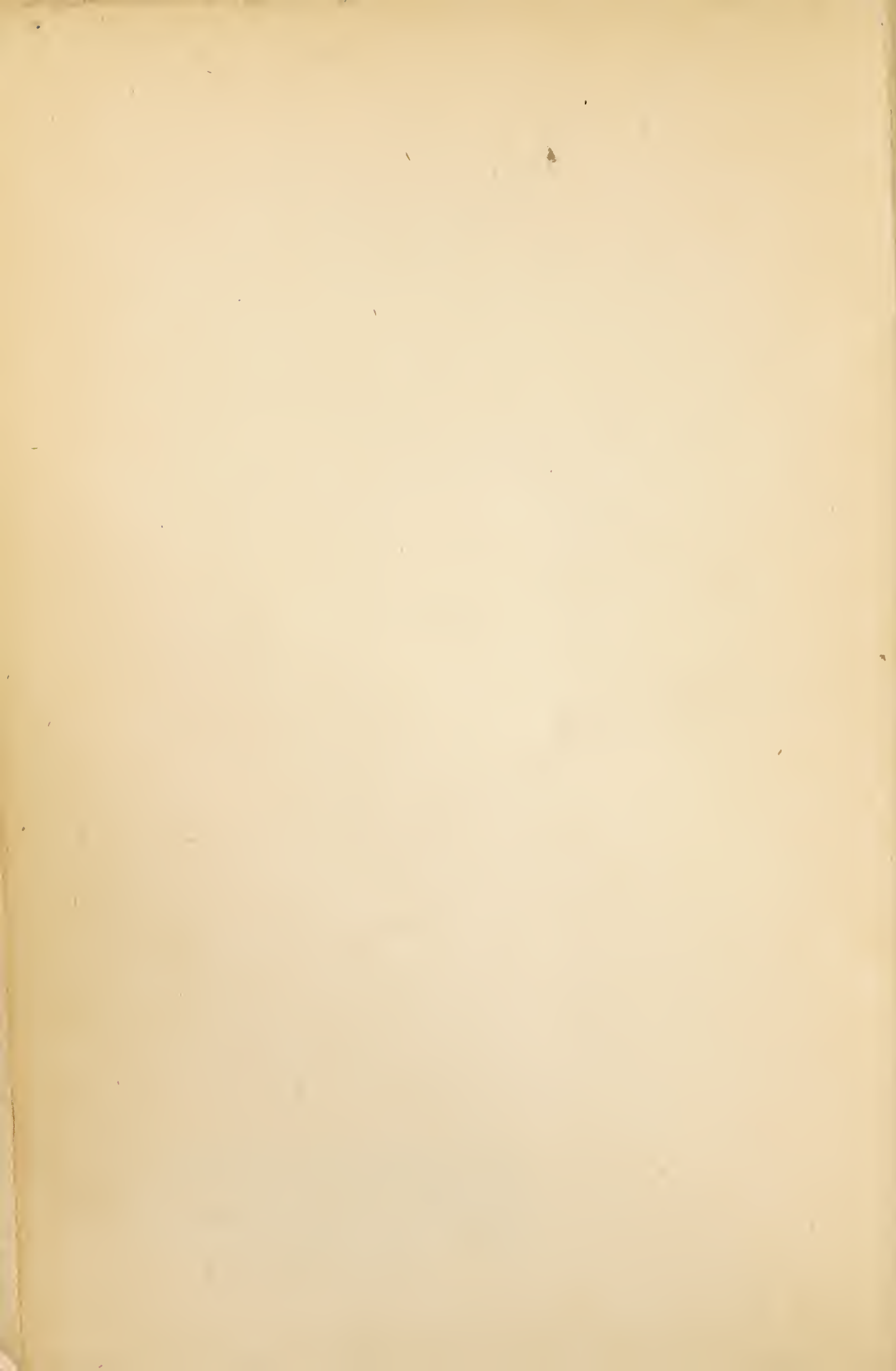
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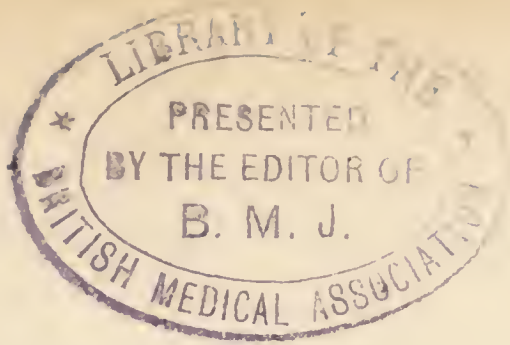


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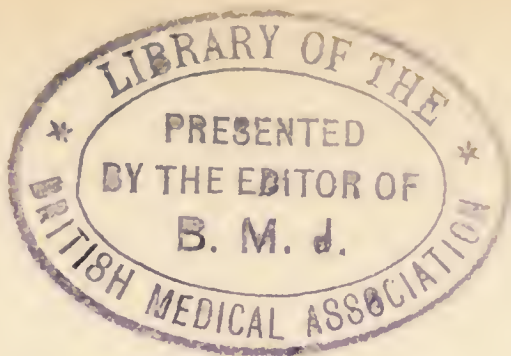




**THE BRITISH NURSE IN PEACE
AND WAR**

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PREFACE

IT seems as though the time had come for a general review of how the Nursing profession has grown in the past, and an estimate of what its trend is likely to be in the future. It has indeed developed in a wonderful manner during the last sixty years, and this country has reason to be proud of the part it has taken in that development. The British system of nursing prides itself on being an example to other nations. But though our country has the honour of leading the van in the matter of nursing the sick, it must remember that things are moving on, and that in these days we seem to be at the beginning of a new order just as we have reached the close of the old. New problems of a very large kind are facing us now that we recognize as a nation the necessity of preserving the National Health. We appear to have a multitude of new organizations with this end which it is difficult to believe are sufficiently related one to the other. It seems hardly right that we should keep our hospital system so

much apart from our social system ; and our nurses may be so much closed up in their own particular microcosm that they do not wholly realize that their patients are men, women, and children whose whole surroundings should be studied if they are to understand them aright. Infant Welfare Schemes, Mothers' Centres, Health Societies, and social work generally are too much separated from the Hospital *per se*. The Infant Welfare Schemes desire to run observation wards of their own, ignoring the work of the hospitals just because the hospitals ignore them. The nurse, like the doctor, must more and more become acquainted with the world she and her patients live in.

This criticism, if it is just, means a good deal, for it means that a wider education is necessary for our nurses. And it also means that Training Schools must face the fact that they are Training Schools and that the nurses must have more education if they are to be trained aright. The development of the nurse from the elementary form she once held has obscured the fact that she is now a student of a serious and advanced sort, and this implies that she has claims on the sources of the highest forms of instruction, the universities as well as the technical schools. It is only when her training is directed from this high angle that it will be what it ought to be.

The study of the history of nursing will prevent our being able to argue that ignorance means practical skill; it is proved to be just the contrary.

So much for our civil nurses: they have an interesting history, strange as its beginnings have been, and a future practically unlimited. As to the Army nurse, we want to have a simple account of what she has in these last years done for us as a nation. It may seem a bald account, for the personal element is what tells most, but that history ought to be recorded, and I am grateful for the official help that I have received in this matter. The reason that it should be recorded is that we have to realize not only its great feats—feats of which we should be proud—but also the lessons that are taught by its doings. Unless we apply our minds to these lessons in peace-time we shall be running dangerous risks for the future. It is thought, more than money, that is required, and this has to be made clear to the ordinary citizen as well as those in authority. This is my *apologia* for this little book.

I am indebted for information and help to the *History of Nursing* by Miss Nutting and Miss Dock, and to Sir Edward Cook's *Life of Florence Nightingale*, and to other books quoted in the text. Nursing has not a large bibliography.

I have taken several hospitals which appeared to me to be typical as showing how nursing has developed in this country. I have no doubt that others have equally interesting records, though I have not had access to them. One cannot sit on Hospital or Nursing Boards, whether civil or military (and I have had experience of both), without becoming intensely interested in the evolution of the profession.

E. S. H.

December 1922.

PART I

CHAPTER I

INTRODUCTORY

IF we exclude the fighting soldier, perhaps no one has taken hold of the imagination of the people of this country to so great an extent as has the Nursing Sister. We have realized as a nation that she who binds up the wounds that war has made has also helped that war to be carried on, and our gratitude has gone out to her both for that service and for the yet greater service of assuaging the pains and sorrows, the terrible side of warfare, that makes it almost unbearable to the civilized man. If that is so on the war side, there is, we know well, another side from which the laity regard the nurse, less picturesque perhaps, but equally impressive. Within the lifetime of many of us a great profession has arisen occupying in this country at least 60,000 women.¹ And this profession has

¹ In the census of 1901 64,214 sick nurses (including every type) were classed under "medical." In 1851 25,466 women were returned under the heading "domestic." The census of 1911 gives the number of "Sick Nurses and Invalid Attendants" as 78,317 (including 1,257 males), and there were 6,602 women returned as midwives.

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done an enormous amount of civilizing work in our midst—how much, we are apt to forget until we look back to the old conditions of things. Not only are our sick in hospital tended as they never were before, but a great educational movement is being carried on as regards the health of the nation—one which, beginning in the cradle, is carried forward to the schools, and finally to the ordinary life of the adult citizen.

For these reasons we owe it a debt of gratitude ; and it seems worth while to trace its beginnings and try to follow out its history with a view of discovering not only what we owe to it but what it can give us as a nation. For it is more than likely that we have not really demanded from it nearly all that it can provide us with. The demands for warfare may not be so urgent in the future as the past : we pray that it may prove to be so. But what is given must be of the best. And as to the civilian side, we have only begun to deal effectively with the great problem of educating the nation in health matters. This is an enterprise far beyond the capabilities of one profession or another. The medical man or woman has the first call to take up the task that rests with him or her both as an individual and through the multifarious medical and curative institutions of the country.

The school teacher has a say in the matter, and of course the lay health visitor. But the nurse has a part in it which is growing every day. First of all, the hospital nurse finds that more and more is being demanded of her by the medical man, until she is becoming not alone the instrument for carrying out his wishes, but, so to speak, his junior partner who has to watch for symptoms knowing something of what they mean, to understand and carry out the dieting which plays so large a part in curative treatment nowadays, and to preserve the asepsis so essential in all surgical work. Then the trained nurse who goes out into the world to do district work has to be an influence for health throughout the community. In the absence of the doctor much is expected of her ; but her influence, if she is a good nurse, is most of all as a leaven amongst the people with whom she comes into contact. She has to raise their standard of cleanly and healthy living and be a moral influence for good of the greatest value. The case is similar with the school nurse and the " mothers' centre " or the municipal nurse ; indeed, the nurse's " sphere of influence " is extending all the time. What distinguishes her from the ordinary doctor is perhaps that her duty is first of all preventive. Doubtless all medical treatment aims at prevention as well as cure, but most people do not send

for the doctor until things are fairly bad. The expense or trouble of doing so is an obstacle, and therefore the medical man does not always have his chance. The nurse, on the other hand, presumably dogs their footsteps from babyhood to childhood and from childhood to old age, worrying them sometimes, but on the whole giving them cause for blessing as they try to follow her advice. Nurses are there to see that infant mortality declines, and as the mothers, perhaps prejudiced to begin with, find that their babies do live and thrive under their direction, they are comforted by their ministrations.

The days are past when nurses were regarded as plaster saints. They are matter-of-fact, ordinary women with few illusions, and yet still a way is made for them in the roughest crowd where the policeman fears to tread; on a dark night the uniform is safe, and the Tommy's devotion to "Sister" is pathetic. So with all her faults, and they may be many, there is the sense that the nurse has chosen a noble calling, and it is inferred that the follower of it has the good of humanity at heart. The layman can best appraise her as a national asset, and he also can best point out where and how she should be used. Those of her own profession are too near the footlights.

THE NURSE IN HISTORY

It is difficult to say where the professional nurse first emerges. Most people connect her with the Greek Asclepius, son of Apollo and the god of the medical art, or rather with his daughters, who are personifications of the powers ascribed to their father, though the cult may have been introduced from the Phoenicians. They too had temples and rites of a somewhat similar sort, and the same animals—the dog and the serpent—were sacred to their god of healing. Asclepius had temples which we easily conceive of as representing an early type of hospital. They were known as Asclepieia, and the rites of these temples consisted in certain ceremonious bathings of the worshipper and in offerings of sacrifices. The patients, if we may call them so, slept in the temple, which had corridors and porticoes in which the diseased were laid, and the cure was commemorated by an *ex-voto* tablet. One of Asclepius's daughters who assisted in the temple rites was known as Hygieia. Hippocrates, the most celebrated physician of antiquity, was born in the island of Cos about 460 B.C., and the temple at Cos was one of the most famous of them all. The so-called "oath of Hippocrates" has governed the healing profession to this day. These temples were

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usually situated near mineral springs and they were not unlike the health-resorts of modern days.

Whether we may speak of women nurses in those days it is difficult to say, but we know that women sometimes rendered medical aid from the Iliad and Odyssey.¹ In the former there is reference to the "yellow-haired Agamede, who well understood as many drugs as the wide earth nourishes." Possibly, however, these were women doctors more than nurses. The healing art was greatly esteemed, and it was studied not only by physicians and surgeons but also by the philosophers and gymnasts.

Hippocrates, however, gave to Greek medicine the ideals with which we have ever since associated it. It was he who founded what we know as clinical medicine, or the bedside study of disease, in which nursing as we understand it plays so large a part, both because it assists the physician to diagnose disease and watches the effect of treatment. He is well named the "Father of Medicine," for his methods were really those of modern days, and he did away with the old idea of magic. He made a point of using his own observation, recording his

¹ *Introduction to the History of Medicine*, by Fielding H. Garrison, A.B., M.D., third edition, 1921. (Philadelphia and London.)

experiments faithfully, whether successful or unsuccessful, and carefully noting every sort of symptom which might help him in determining the patient's condition, while diet was specially considered. He also realized the great necessity for cleanliness in surgery; water used for irrigation was to be either boiled or very pure, and hands and nails must be cleansed; hence there must undoubtedly have been work for attendants of a skilled sort. His advice on bathing and bandaging might have been given to nurses in the present day.

After Hippocrates there is not much in the history of Greek medicine that points to the possible work of *nursing* the patient, although the scientific side developed, more especially after the founding of Alexandria with its great university and library. The Romans looked askance on the Greek physician when Greek medicine first migrated to Rome after the destruction of Corinth in 146 B.C. Celsus gives the best account of the medicine of his time, though he was not a physician. He lived in the reign of Tiberius Cæsar, and his work on medicine was one of the first medical books to be printed. Galen (A.D. 131) is considered the greatest Greek physician after Hippocrates, and the founder of experimental physiology. He was a skilled practitioner, but hardly a humble

searcher after truth, for he was always too certain of his facts and theories to be a sincere investigator. He remained a sort of ultimate authority throughout the long Dark Ages, indeed for nearly fourteen hundred years.

In addition to the physicians and medical slaves, there were in Roman days a multitude of people who assisted as drug-sellers, bath attendants, female healers, midwives, etc.

It is clear that the temple hospitals inaugurated by Asclepius were carried on till the Christian era, and as many of the patients were women, women probably acted as nurse attendants. Numbers of slaves were, however, assigned to the temples. Aristides, who lived about A.D. 180, in the reign of Marcus Aurelius, gives an interesting account of his visits from one temple of Asclepius to another, receiving medical advice from the deity in dreams. Most of the advice concerned diet and bathing, and he speaks of a female nurse attendant.

From the fifth century onwards we have that process of degeneration of mind and body that led to the dogmatism and superstition of the Middle Ages. The medical art became more and more that of the quack, and the Byzantine period is always associated in our minds with luxury and sloth. In the Mahommedan period the Caliphs founded hospitals as well as libraries

and schools. In A.D. 707 a hospital was founded at Damascus, and others at Cairo, Bagdad, etc., until dispensaries and infirmaries existed in all the important cities of the Eastern Caliphate, and a Jewish traveller found sixty of them in Bagdad alone.¹ The great Al-Mansur hospital of Cairo (1283) was a huge quadrangular building with fountains playing in the four courtyards, separate wards for important diseases, wards for women and convalescents, lecture-rooms, an extensive library, out-patient clinics, diet kitchens, an orphan asylum, and a chapel.² It had male and female nurses, and was altogether a thoroughly well-equipped institution. The patients were nourished on rich and attractive diet, and—an original element in hospital life—the sleepless were provided with soft music or had tales narrated to them by those trained to do so. The Arabians were famed for their kindly treatment of the insane. Medical instruction was given at the great hospitals at Bagdad, Damascus, and Cairo, as well as at the Academies in the cities. Arabian medicine appeared to be the forerunner of what we know as alchemy.

But we have to come to the Middle Ages—from the eleventh to the fifteenth centuries—

¹ *Op. cit.*, p. 126.

² *Op. cit.*, p. 126, quoted from Wüstenfeld (Breslau, 1846), i, 28-39.

to reach the new conception of compassion towards weakness and suffering that proceeded from the Christian faith. We also arrive now at the realization of the work of women, mainly through religious associations and orders, in making this work of helping the sufferer specially their own; everywhere the nursing of the sick and erecting hospitals for their care became recognized as a duty. The Crusades helped to bring about the sense of nationality, and the association of Christianity and feudalism in the warfare against the Moslem invasion gave the movement an immense power. During the Dark Ages (from the fifth to the eleventh centuries) medicine was in the hands of Jewish and Arabian physicians, or else in those of quacks and ignorant people, for the clergy were the only men of any real learning, and the very fact that malpractices were condemned brought odium on the medical profession. Up to the time of the Crusades the status of surgery was as low as it could be in most parts of Europe, and the care of the sick and wounded was put in the hands of women and then in those of an inferior class of men.

With the Middle Ages came the real organization of hospitals and sick nursing. There had been, as we have seen, hospitals of a sort in the Greek and Roman days, but the spirit of com-

passion was only actively developed in Christian times.¹ The Arabian hospitals were subsequent to the Christian era, and the Mohammedans probably derived their ideas from the Christians. Constantine closed the pagan temples in A.D. 335, and after that the movement for founding and building Christian hospitals was carried on with the help (it is said) of Helena, the mother of Constantine. In 369 St. Basil founded the basilicas at Cæsarea in Cappadocia, with houses for physicians and nurses as well as schools. A plague hospital at Edessa dates from 375, one at Alexandria in 610, and during the Byzantine period hospitals arose at Ephesus, Constantinople, etc.² They took different forms, but were all for the relief of the indigent and infirm. Others were founded in Rome, Arles, Lyons (sixth century), etc., and the famous Hôtel Dieu of Paris is said to have been founded between 641 and 691 by St. Landry, Bishop of Paris. St. Albans Hospital in England dates from 794, and later on infirmaries and hospices went alongside the cloisters. The mountain hospices of Mont Cenis (825) and the Great St. Bernard (962) are examples of another type. The

¹ The Order of the Béguines of Flanders was a women's movement of a more or less secular character, but it was exceptional and came at a much later date.

² *Op. cit.*, p. 168.

monasteries such as those of the Benedictine Order were frequently provided with private infirmaries.

In the days of the Crusades, when multitudes of both sexes crowded to the Holy Land and suffered terrible ill-treatment at the hands of the infidel, certain rich merchants of Amalfi founded, about A.D. 1050, hospitals at Jerusalem, one for men under the protection of St. John the Almoner and the other for women under that of St. Mary Magdalene. Alms and gifts were given and pilgrims stayed to help in the work, and this was the cradle of the famous Knights Hospitallers of St. John of Jerusalem, and then of Rhodes and of Malta. The sufferings of the pilgrims and cruelties of the Turks resulted in the organized crusades, and the crusaders would have sunk below their miseries but for the help they then obtained. In 1099, when Godfrey de Bouillon was made King of Palestine, he richly endowed the hospital in gratitude and it became a great power in the world. The Hospitallers finally founded a regular religious fraternity which wore the so-called Maltese cross. The riches of this order were immense, and finally it became distinctly military in character, with knights, priests, and serving brothers. The Teutonic Order was started in a field hospital outside the walls of Acre,

and this Order took upon itself special vows to tend the sick and build hospitals, and for some centuries was much in evidence in Germany.

The Order of the Knights of St. Lazarus was another very ancient Order which served in hospices for lepers. The buildings in the East dedicated to St. Lazarus, the patron saint of lepers, were styled lazarettos—a name later on often applied to military hospital wards.

The Red Cross Knights or Templars were never a nursing order. They were originally those who guarded pilgrims on their way to Jerusalem. The last Christian stronghold in Palestine was Acre, and in the end of the thirteenth century the Templars fought against the Hospitallers and were defeated. The little remnants of the latter escaped to Cyprus and then occupied the island of Rhodes. In the end the Emperor Charles V granted them the island of Malta, with which they are so much associated. The hospital there seems, however, to have deteriorated sadly in John Howard's day (1785), for his account of it represents it as very far from satisfactory. The English Order was established at Clerkenwell, and there its headquarters still are. Though it was suppressed by King Henry VIII and the property confiscated, it was re-established

in unmilitary form in England early in the nineteenth century, and has done useful work in training nurses for the sick poor, and specially for the sick and wounded in war. The St. John Ambulance Association is known to all: it took part in the Genevan Red Cross Conference of 1863 and worked along with the British Red Cross Society during the Great War.

Along with the nursing orders of the crusades there was a great hospital movement carried out with the approval and encouragement of Pope Innocent III.¹ Hospitals of the Holy Ghost were established all over Europe. In Rome there were many hospitals. The Pope himself built one called San Spirito in Sassia in 1204. Leper hospitals became common; indeed, they multiplied enormously throughout Europe. There was now found in each important city in France a Hôtel Dieu, a place where men felt that they could find an outlet for their highest aspirations by serving their fellow-men in distress and thereby serving their God. Early in the thirteenth century many of these hospitals gradually passed out of the hands of the Church into the care of the municipalities.

The Hôtel Dieu of Paris and that of Lyons were the most celebrated hospitals in France.

¹ *Op. cit.*, quoted from R. Virchow.

The latter was comparatively free from clerical control, and originally the nurses were fallen women. Gradually, however, they became more nun-like, until the Revolution, when the great struggle took place between Church and State. The Hôtel Dieu of Paris had the oldest purely nursing order in existence. The nurses were very strictly organized as Augustinian Sisters. No professional training was given them and the work was very hard, including, as it did, washing the clothing in the Seine. In 1692, however, paid domestic service was introduced. There were naturally great abuses. Even as late as in 1783 there were found to be four patients in one bed, one dead and two dying. There were 1,219 beds, and 733 of these held from four to six patients. The bedsteads were of wood with wooden shelves and feather beds. There was no room between the beds to clean the patients, and all cases were mixed. Scabies was perpetual, and there was no disinfection of garments. Puerperal fever raged. The Sisters were badly accommodated, and had no ward to themselves if taken ill. They were allowed to remain after the hospital was laicized.

By the fifteenth century hospital construction had reached a high level of its own special type. In England we had quite a number of mediæval hospitals. Indeed, most of our ancient founda-

tions date from this time. We have, for instance, St. Bartholomew's founded in 1123, the Holy Cross Hospital at Winchester in 1132, St. Mary's Hospital in London 1197, and St. Thomas' Hospital 1215. Of course, we must remember that the Middle Ages was a time when disease was rampant everywhere, owing to bad sanitary conditions, misery, and immorality. The Black Death, making its way from the East in 1348, swept everything before it, and it was only one of many plagues. The Milan Hospital, opened in 1456, had taken eleven years to complete, and there is a painting in Florence of a hospital devoted to women. In Scotland there were seventy-seven hospitals before the Reformation, most, if not all, connected with religious institutions. Lazar-houses for lepers were everywhere common until leprosy was stamped out. The Hospital of St. Mary of Bethlehem became in 1547 an asylum for insane, and was known later as Bedlam.

Thus we see that the hospital idea, however it developed later, really proceeded from the Christian custom of hospitality and service to those who were sick, lonely, poor, or hungry. The early Christians opened their own houses, the deacons and deaconesses sought out cases of need, and the bishops opened their larger houses, gradually adding to them wings and

cloisters till the sick had to have a separate *domus hospitalis*. The Christian xenodochium tended prisoners as well as the poor and distressed, and in the time of Justinian in the sixth century the zeal for building these xenodochia was at its height, and nurses were well employed. But all through this period it would seem that the work was looked on as either distinctly a work of charity or as a penance for sins and solace for unhappy lives. The scientific interest in the work which characterizes the writings of Hippocrates, for example, appears to have played a secondary part, and the new spirit of investigation had not arisen.

As monasticism grew, the care of the poor, sick and well, became one of the chief duties of monastic communities. From the beginning of the fifth century for a thousand years or more the great Orders carried on their work as the centres of institutional activity, and were models of organization and discipline. Each was a little community within itself, with gardens, mills, farm, library, and workshops, and the women were as important in their monastic establishment as men. Abbesses held rank secular and ecclesiastical as barons and peers, and men ruled over related houses of monks and nuns, and were often distinguished for their learning. As to nursing, the monk nursed male wards and

nuns female. In those days special training for such work was not thought necessary, but the advice given to the "infirmaria" was often very good and wise. Great ladies took their share in this work, like the Queen of Theodosius the Great, who gave her services while the Emperor gave his gold. There were of course many sisterhoods which did good work in nursing the sick, but St. Vincent de Paul's French Sisters of Charity, so well known to this day, came into being as an Association of Charity in the seventeenth century and were specially distinguished.

Many of the hospitals of the twelfth and later centuries were beautiful buildings architecturally, as we can see from those in Spain, Italy, Flanders, and Northern Germany, of course owing to their close ecclesiastical connection. Hospital nuns were even sometimes canons of a cathedral, as at Siena. Mahomedan hospitals were just as magnificent, and the history of these is very interesting. It seems strange that there was such serious deterioration in the nursing and surroundings of the sick in the later centuries. We often read of how smoking and burning were required to make the air possible, and how heavy wooden beds were made use of. Ventilation was little thought of, rubber was unknown, and leather was not a good substitute. In the

eighteenth century hair mattresses and air cushions came into vogue, and oiled cloth for draw-sheets. Beds were still enclosed for privacy, often in alcoves, as portable bed-screens were still clumsy and heavy. Iron beds were then made use of, but were not popular, though they did not harbour vermin like the worm-eaten wooden ones. In Germany the old-fashioned beds with their testers are said to have accumulated "old shoes, apples, soap, spiders, mice, nests, bed-bugs," and "under the beds are coals and potatoes."¹

It is said that after a certain improvement in system things went backwards until the influence of Kaiserwerth brought about reform. Indeed, even after the discovery of the germ theory the endeavour after asepticism made the wards bare and comfortless to look at. Central heating was, however, introduced to a hospital in Berlin as early as 1832.

But we are passing to a date later than that we have in view, and we must now consider the development of nursing in England. As a result of this brief summary of history we should conclude that nursing was not originally regarded as a specialized calling, as it afterwards tended to become, but was one with the general en-

¹ Quoted from Dr. Dieffenbach in Nutting & Dock's *History of Nursing*.

deavour to raise the physical condition of the people, and that the spiritual side was considered because it was an integral part of the body politic. This attitude has always characterized the outlook of the community to the work of the nurse to a greater or less degree.

CHAPTER II

NURSING IN ENGLAND IN EARLY DAYS

AN ANCIENT HOSPITAL

As we have seen, nursing in Europe developed in two ways. There was the military side, absolutely required from a military point of view to preserve the fighting power of the Army, though mingled with the sense of compassion that is always present even when slaughter is everywhere around ; and then the civil side, in which the compassionate outlook is apparently more developed, even although the utilitarian side is not always recognized as it ought to be. In England we know how the infirmary always held an important place as part of the convent proper grouped around the church. The Superior of every religious house had the special responsibility of caring for the sick. The Benedictines were specially enjoined to see to this matter and to make sure that the kitcheners served the sick aright with food proper to them. The Abbot made his round daily, and his assistant, the Prior and Sub-prior, had also their responsi-

bilities. The nuns had special nursing duties, and their names are often mentioned as those who ministered to the sick and poor, and as they also had the business of teaching young gentlewomen their knowledge and experience would be spread amongst them. One could imagine how throughout the counties of England this knowledge would circulate and be utilized by the gentlewomen in the county and villages, who by their medicine-chests and experience helped to fill the place of the Queen's Nurses of the present days. Of hospitals, that at York was one of the earliest (A.D. 936). It was founded by Athelstane, who had great interest in hospital building. In the eleventh century there were hospitals established by Lanfranc, Archbishop of Canterbury; and early in the next century Queen Matilda founded both the Hospital of St. Giles in the East, or in the Fields—a leper hospital—and an Order of Poor Clares to serve in the wards. She herself took part in the nursing—a fact that distinguishes her from many pious founders who leave the practical work to others. She also founded the Hospital of St. Katherine as a memorial to her two children. Hospitals for lepers were felt to be a necessity of the first order; but as well as leprosy, epidemics and “plagues” of all kinds were of frequent occurrence and had somehow to be dealt with.

The one we know most about was the terrible "Plague" of later days—that in 1665, when great multitudes died. Smallpox was of course habitually the cause of a large number of deaths. Filth everywhere was responsible for most of these evils, but the bad houses must have had much to do with them. Pest-houses, on the other hand, the only available hospitals, were places of despair instead of being refuges of hope.

As to nursing after the Reformation, it was at a low ebb. The religious orders were suppressed at the Reformation, and no lay organization, such as the *Béguines* abroad, arose to take their place. Hospitals there were, but the idea of women of refinement taking up the task of nursing in them was completely of the past. The sick-room became a place of squalor presided over by ignorant friends or untrustworthy Gamps. What else could be expected when the attendants were poorly paid and poorly housed, ignorant and untaught? Their hours were impossibly long, and consequently their duties were neglected, especially as there was no sense of work for the community that characterized earlier days.¹ Nurses were engaged without a

¹ Dickens spoke of his immortal Mrs. Gamp of later days as a fair representation of the nurse of her time. "Mrs. Gamp," said Mrs. Harris, "if ever there was a sober creature to be got at eighteen pence a day for working people, and three and six for gentlefolks, you are that inwallable person."

character, since no respectable person would undertake so disagreeable an office.

Perhaps the best way to realize what the conditions were and how changes were gradually effected will be to take some typical British hospitals and try to trace them as they occurred. And one of the earliest and most celebrated is that of St. Bartholomew in the City of London.

ST. BARTHOLOMEW'S HOSPITAL

One of the most interesting accounts of hospital development in this country is given in Sir Norman Moore's monograph entitled *The History of St. Bartholomew's Hospital* (2 vols. ; C. Arthur Pearson, Ltd., 1918). This gives the whole history of the hospital from its foundation in 1123 to the present day, combining it with much of the history of England during the same time, and deriving its information from original documents and largely from the original charters which remain at the hospital. Infinite trouble has been taken to make this monumental work accurate and complete, and it is a veritable store of information as to the development of institutional assistance to the sick and poor of our country.

Like all such early foundations, St. Bartholomew's Hospital began as an oratory in honour of the Apostles, with miracles as cures. The

founder was a certain Rahere, who began his priorate in 1123, and the hospital and priory were the first edifices on the open space of Smithfield. The hospital, however, had its own chapter and separate seal, and though it owed certain duties to the priory it always maintained its independence. This independence helped to preserve the hospital to its ancient uses when, at the time of the Reformation in England, so many ancient foundations were destroyed. The priory and other ecclesiastical buildings near it were dissolved, and when the societies were dispersed the buildings were mostly turned to secular uses ; but as the hospital remained it is a very interesting survival of ecclesiastical days when Augustinians, Benedictines, Carthusians, Gilbertines, Franciscans, and Dominicans were banished from their ancient houses. St. Bartholomew's Hospital, indeed, was one of the few places where the perennial springs of charity once more flowed in abundance.

After the Orders were suppressed, it was not long before the streets were filled with sick, destitute, decrepit, and blind, who were deprived of the succour to which they had been used from the religious houses, and in 1538 the mayor and aldermen presented a petition to King Henry VIII beseeching him to give them the governance of the hospitals of St. Mary's (of Bethlehem), of

St. Bartholomew, and of St. Thomas, and the New Abbey at Tower Hill. They besought for the aid of the sick, blind, aged, and impotent person who had nowhere to go to till "holpen of theyre dyseases and sykenesse," and desired aid from physicians, surgeons, and apothecaries, who were to be paid for their work. It was not till 1544 that the Hospital of St. Bartholomew was reconstituted for this purpose. King's favourites were installed as administrators, master, and chaplain, and little was done for the patients, of whom there were but three or four, most of the property being retained by the King. Still, the foundations were laid for a modern hospital, and two years later it was to be termed the "Home of the Poor" of King Henry VIII's foundation. One hundred poor men and women were to be lodged in it, and one matron and twelve women under her were to make beds and wash and attend to these people. All medicines were to be provided for the staff and £3 5s. 8d. was to be paid annually to the matron and 40 shillings to the women. Beadles were appointed to bring in the necessitous and to repel the sturdy vagabonds. The beadle received a shilling more than the matron! One physician and one surgeon were to be appointed and paid £20 each, and the necessary drugs, etc., were to be supplied. Thus we have a

municipal free hospital in full operation. Almoners were appointed who had the duty of giving money if required to departing patients, but they had also the duty—very unlike the almoners of present days—of seeing that the surgeons did their duty, of inquiring how many patients were weekly healed, and generally seeing to their well-being while in hospital. Their work is termed the “keepynge swete of the poor.” The matron had to receive the patients and distribute them as she thought fit, and she had charge, governance, and order of the sisters, to see that they did their duty to the poor, made their beds, kept the wards, and washed their unclean clothes. They were strictly to abide in the women’s wards after nightfall unless on some urgent cause, and even so only to go forth to persons who were considered virtuous, godly, and discreet. The sisters were to employ their leisure time in spinning, and flax was to be provided for them. The “chief governesse and worthy matrons” had also the duty of keeping the sheets, coverlets, blankets, and beds, and had to see that none of the poor got drunk, since those succoured were not to be “drunkards or unthankful persons.” If officers misbehaved, the matron had to report to two of the Governors.

All this is very interesting in many ways, as

we trace the development of the modern system of nursing. Here we have the nurses—however elementary they were—termed “sisters” as in pre-Reformation days (four sisters formed part of the body corporate in those days, and are mentioned with the masters and brothers in charters), and we also have a recognition of the work of women in a manner we should hardly have expected. The matron’s position was apparently paramount in her own sphere, and the male nurse does not appear any more than in earlier times. One wonders, however, who helped the men during the long nights when the nurses were confined to their own wards. The sisters had to be obedient to the matron, their “chief governesse and ruler,” to “faithfully and charitably serue and helpe the poore in al their grieues and diseases, as well by keepyng them swete and cleane as in gyueng them their meates and drinkes after the most honest and comfortable manner. Also ye shall use unto them good and honest talke suche as may comferte and amend them.” Could there be any higher ideal for the nurse of the present day? As Dr. Moore remarks, how often “the patient who on admission seems altogether brutal, selfish, and ungrateful, goes away after months of treatment a different person!” “Fortunate the poor,” as he says, “to have such friends; fortunate the

physicians and surgeons to have such aid in the practice of their art.”¹ Surely a high tribute to the value of the profession from a great physician.

The matron and sisters had board wages and allowance for their “liverie.” On quitting the hospital cured, the patient had to give thanks on his knees in the great hall, after which he received his passport to show what he was and where he had been. For the liverie “a kertyll and a petycote and a kertyll and a wastcote” were made for 20*d*. The parlour was the official sitting-room and the matron kept it in order, receiving two shillings for so doing. The sisters and matron received two shillings for their “wake goose,” and the eleven sisters received between them for their good spinning—one shilling! There was a sisters’ house and yard adjoining it. The matron received 20*s*. for making “scurvy drink” for one year. What that drink was we do not know. The wards were fitted with tables and settles, “waynscott beds” and other beds. The officials must have loved their hospital, for they often left money to it in their wills. In 1641 a matron left to it £50—a large sum to have saved on her minute income. The sisters slept in a single chamber, and in 1580 their pay rose from 16*d*. a week to 18*d*. weekly. It is interesting that in 1597 curtains

¹ Vol. ii, p. 175.

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were provided for certain of the patients' beds, and movable curtains remain a feature of the hospital to this day. Some of the sisters in the troublous times of the seventeenth century were evidently politically disposed, for some soldiers objected to the reviling speeches made by a certain sister against Sir Thomas Fairfax, and she was in consequence suspended. In the terrible year of pestilence, 1665, the matron greatly distinguished herself by devotion to duty, and whereas the Governors had a "respect towards Margaret Blague, Matron, for her attendance and constant great paynes about the poor in making their Broths, Caudles, and other like comfortable things for their accomodacon in their late contagious tymes, wherein she hath adventured herself to the greate perell of her life," they granted her a lease of a house near the hospital. Some of the physicians, sad to say, departed, showing a very different example! Mutton diet was considered specially excellent, and the matron was to grant it to certain patients in consultation with the apothecary and to see that none other got it. A cook who refused to take the Sacrament according to the Church of England in 1683 after the Restoration, was not allowed to carry on her vocation, but was allowed a bed in the sisters' ward for a few months. All sisters who did not communicate

were to be dismissed. The sisters at last would only wash the poor's sheets and linen with soap, which seemed an innovation and proved a saving on the former soapless method. In early days the matron alone had soap and the sisters wood ashes, so that they were put to great expense in ashes for their bucks or general washing. Cleanliness must have been relative, for a certain Elizabeth Bond was employed to clear the beds of bugs for 6s. per bed, and 40s. was to be paid for clearing the sisters' room in February, but not to be paid till Christmas, one supposes so that the cure might be well tested. Later on the tariff was reduced to 4s. a bed. The dietary in 1715 was wonderfully good. It differs from modern days in that three pints of beer is daily given and a pint of ale caudle in addition on Sunday. In 1740, 100 new beds were bought, 6 feet by 3 feet, of "good Hamborough ticken filled with 30 lb. of the best brown flocks and quilted at 13s. 6d. each," also curtains for the same.

The first matron was Rose Fyssher (mentioned 1551), and she wore russet frieze first and then watchett or light blue, like all the sisters—the blue that is worn to this day. A "livery" was always considered necessary, and failure to wear it meant dismissal. Oddly enough, a fool was kept, perhaps to cheer and amuse the sisters,

whose lives must have been monotonous enough, and when the sisters received $2\frac{5}{8}$ of cloth he had $2\frac{1}{2}$. Each sister had about nine or ten patients to attend to in the early days of 100 patients in hospital, but she had sole charge of a ward and had to spin as well. She also had charge of the stimulants—a serious responsibility—and indeed the matron sold ale in her house till the trade was forbidden in 1559; however, the records show that tippling in the matron's cellar was again forbidden in 1643, so that the trade cannot have been effectually stopped. The matron was the mouthpiece of the sisters in case of grievance, and she it was who, in 1580, procured the advance in board wages before recorded. Later on it became 20*d.*, and in 1614 the large sum of 2*s.* a week was given. There was in addition the yearly stipend of 40*s.*, later increased to 50*s.* One of the sisters in an emergency, owing to the badness of the cook, who “ill-dressed the meat,” became cook herself. In 1645 there were fifteen sisters, and the sisters had special gratuities for attending to sick soldiers. Their work during the Civil War was appreciated as women's work has been in other wars, and owing to their “extraordinary pains about soldiers” and the dearness of the times, their board wages were actually increased to the large sum of 3*s.* 6*d.* a week. Sometimes

the sisters were rebuked or dismissed for late hours or for scolding the patients and exacting pence for working. One was degraded for keeping 4s. and a blue coat from a patient who died, and she was made to "beat the buck as a young sister"—hard work on washing day. One gave "abusive language to a gentleman of good quality," and another charged for chair and stools. Things were not different elsewhere, for in Dublin so late as 1715 ill-conducted nurses were by a statute of the Irish Parliament to be committed to a house of correction for three months' hard labour and on some market-day to be whipped through the streets between 11 and 12 o'clock, and Dr. Moore unkindly suggests that this statute was the first rude attempt at State regulation of nurses in the British Isles! It is in any case clear that there was real concern over the treatment of patients, and on the whole one would judge the treatment to have been humane, as the times went, though probably very different from that given in pre-Reformation days, because the type of nurse was different. In the time of stress and plague the matron, anyhow, showed a splendid example, and it would seem as if the nurse "played the game" in every kind of special difficulty.

The women who helped the sisters and took some night duty were the originators of the nurse

as distinguished from the sister, but gradually the custom of promotion arose, and sisters and nurses are then (1665) mentioned together as in modern days. There appears about this time to have been a "helper" in each ward, and this continued to be a recognized institution in most hospitals. Allowances to sisters for washing sheets are still, however, made, and there were in 1710 three candidates for a sister's place. A matron in 1694, very old, was allowed the uncommon privilege of going to the country for a week, and a deputy matron was appointed soon after. The sisters were ordered to obey the deputy and "own her as their governess." Occasionally one sister beat another, so order must have been none too easy to preserve. In 1707 the matron was again to sell no more beer—a custom which seems to have been almost impossible to stop effectually from the frequent allusions to it. In 1705 the sisters were to see that no tobacco was smoked (so that this habit must have become common), and the matron was to visit every ward every day. Sisters and nurses were not to drink with patients or give them drink or entice them to go into public-houses with them, which is enlightening as to their habits. And the directions about giving them care and tenderness looks sadly as if such were also becoming necessary. The receiving of

money from patients was also strictly forbidden, though a small payment for earthenware was allowed. The "watchers" who sat up during the night lived outside the hospital. On Sundays the sisters assembled in the admitting room and walked in a body to church.

Gradually the number of women employed under the matron increased with the increase of patients, until in 1771, when there were perhaps 600 beds, there were 100 sisters, nurses, watchers, and helpers. The matron's time was mostly taken up with the superintendence of the linen, of which there was a large amount, and she also made shirts and took inventories. Her salary rose from £40 to £80 with a gratuity of £20. In 1782 the wages became "settled sister," 5s. a week; "settled nurse," 3s.; "unsettled sister," 4s.; "unsettled nurse," 1s. 6d.; "watchers," 6d. per night instead of 4d. In 1787 it was resolved to partition the sisters' rooms off the wards, so that the "sisters' chamber" came to an end. It is unfortunately true that drunkenness must have been still common amongst the female staff, since that of a whole ward was discharged for this reason in 1791. It is interesting to watch the gradual development in staff. In 1802 there were 31 sisters, 31 nurses, and 33 night nurses (now not simply watchers), and the salary now became

annually £32 6s. 10*d.* to £52 16s. 7*d.* for sisters. There were 33 wards, and the annual average of patients was 3,696. Of the nurses 24 received 4s. a week with 6*d.* extra for night duty, an admission fee of 6*d.*, and the others £17 16s. 10*d.* Those in operation wards and men's foul wards received more.

In 1803 things were much better, for the matron received £200 a year and a house; it was in 1815 that iron bedsteads were ordered for some wards—a new departure—and hair mattresses for operation and accident wards. On that date it was also decided that a sister and two nurses were not enough for a double ward, but that another nurse was required. Baths were put into each floor in 1829. In 1814, as before, each sister received 1s. on admission of a patient, and “the 24 sisters of the clean wards £32 6s. 10*d.* a year”; the ten sisters of the poor men's foul wards 2s. for each admission of a patient, making in all £52 16s. 7*d.* a year. The nurses still had 4s. a week and 6*d.* a night extra for night duty and 6*d.* on admission of a patient. It is a curious fact, and one that throws light on how infection was regarded, that up to 1875 fevers were apparently admitted into general wards; it was only then that separate wards for infectious fevers were set apart.

Mr. Abernethy, the famous surgeon, caused

the hospital to develop into a real school of medicine for the instruction of students. In his life¹ it is recorded that gruff as he was to private patients, he was never so to hospital patients. "Private patients, if they do not like me, can go elsewhere ; but the poor devils in the hospital I am bound to take care of." At the time of his appointment as assistant surgeon (1787), St. Bartholomew's Hospital had room for 600 patients and a " princely revenue of from £20,000 to £30,000 "—a large income indeed in those days. "There is every facility for the execution of the duties that convenient space and orderly management can suggest." Abernethy received no emolument for his assistant surgeons'hip, but it gave him the opportunity of "teaching his profession," which he did in Bartholomew Close near the hospital. There was no medical school before this time, and he lectured on all subjects—anatomy, physiology, pathology, and surgery—and so important did he consider his lectures that he did not allow even his wedding day to interrupt his course ! The training of nurses must have been greatly influenced by the fact that the hospital became a regularly organized school of medicine. This inevitably resulted in a new conception of a hospital, i.e. that it was not alone a place of

¹ *Memoirs of John Abernethy*, by G. Macilwain (1854).

refuge for the sick poor, but also a great educational establishment for those whose work it was to tend the sick in whatever way.

The annals of the hospital contain many eminent names, but the great William Harvey was the most notable of those connected with it. The regulations show how Harvey attended once a week, sat at a table in the Great Hall with the apothecary, matron, and sister beside his chair, while all the patients that could walk were brought to him.

In 1821, after the physicians and surgeons decided that one sister and two nurses were not enough for a double ward and each ward was to have three nurses, the sisters in double wards had their pay increased to £46 16s. and in single wards £36 8s.; no fees were to be received from patients, and no pension was given till 1821, when a nurse was allowed the large pension of 1s. per week. Cloaks called "night rails" were given until 1843. The sisters' dresses were still blue, as now, and the nurses' brown. In 1839 nurses were to be given dinner every day. In 1838 the matron still received £200 a year. In 1860 a sister was allowed a pension of a guinea a week instead of the shilling of 40 years before; and in 1863 the sisters' payment was raised from 18s. a week to a guinea a week, rising to 25s. In 1881 the matron's salary was

£250, rising to £300, then considered a large salary for a woman.

As regards education and training, the hospital has regularly progressed since 1653, when no persons were to be appointed sisters without trial of their "fitness in washing the buckes and other occasions proper to their place," until the well-thought-out system of the present day. In 1885 Sir James Paget gave an interesting account of the progress of nursing in an address to the Abernethian Society at St. Bartholomew's Hospital. He pointed out, what was clearly true, that there were good nurses fifty years before, especially in the medical wards, where things were more orderly than in the surgical. But these nurses could not have kept a chart or taken a temperature, and had a rough practical knowledge only which came of experience and was often very valuable. It was in 1877 that systematic instruction of all nurses began in St. Bartholomew's Hospital, organized by the matron and with a physician and surgeon as lecturers, and now the teaching is of the best.

We can trace through this long history how nursing has progressed from the most elementary beginnings, and how the matron and her assistants have gradually got the position they required to maintain an efficient staff and to train

the members of it for their important work.¹ It is interesting to follow the early efforts made to arrive at a better sense of what was due to the profession which was struggling to find its feet. All through, even in the most reactionary times, there were women who realized their high vocation, despite all kinds of difficulty and offensive conditions of work. We must, however, take these conditions in relation to the standard of the times to appreciate rightly what they meant.²

¹ A matron who did much for the better education of nurses was Miss Isla Stewart.

² It was a generation before the New Order in St. Bartholomew's that medicine was organized as a profession by the foundation of the College of Physicians. It was one of those changes due to the revival of learning of that period and to the study of Greek literature, and particularly of Hippocrates and Galen. This made men realize the fact that medical knowledge was to be obtained first of all by observation. The College of Physicians was founded in 1518 by King Henry VIII with the advice of his physician and of his Chancellor Wolsey.

CHAPTER III

NURSING IN TWO GREAT HOSPITALS OF THE EIGHTEENTH CENTURY

THE LONDON HOSPITAL

To get a clear conception of how nursing has developed since the early days when nurses were not wanted at all, to those when, owing to their inefficiency, they were thought (as by Sir William Blizard) to be rather a hindrance than a help, we might take the nursing history of a hospital like the "London," which ranks among the younger institutions of the kind, and then a typical hospital of similar age in Scotland. The "London," though now one of the largest general hospitals, was only founded in the eighteenth century—the same century as that in which the Westminster, Guy's, St. George's, the Middlesex, and many other hospitals took their origin. Before that time, as we have seen, there had been the old foundations of Bartholomew's and St. Thomas's, but the high mortality from typhus, smallpox, and other

contagious diseases brought home to the well-to-do the necessity for some further steps being taken to alleviate the evil. Medical teaching by means of schools was only now beginning to be definitely organised in Europe, and the idea of the medical school, as understood in modern days, was about to arise and to replace what may be called the apprenticeship system.

In *The History of the London Hospital*, by Mr. E. W. Morris, its House Governor, we have the story of the origin of the hospital excellently told.

The London Hospital was founded in 1740. When it began its work in a small house in Featherstone Street, rented at £16 a year, its staff consisted of a surgeon, a physician, an apothecary, and a man and wife who were engaged as caretakers and who looked after the patients between the visits of the honorary staff.

When the hospital, then called an infirmary, had been at work for a year or two, it occurred to the Governors that patients needed something more than the casual attention they were likely to receive from the caretakers of the house, and that someone should be specially appointed to take care of the patients themselves and to carry out the orders of the staff with respect to them. It was dawning on the Governors

that surgeon, physician, apothecary, and chaplain (just appointed) could not supply all the wants of the sick.

To quote from *The History of the London Hospital* :

“ When one considers, however, the type of woman they chose for this important work, one is filled with curiosity as to what they expected such a woman to do. I believe as a class they did much more harm than good, certainly for the first fifty years, and the great Blizard’s strong denunciation of them, years after the time we are now speaking of, cannot but make one feel that they were a hindrance to the surgeon rather than a blessing.

“ The first nurse ever appointed at the London Hospital was called ‘ Squire,’ simply ‘ Squire.’ She is not even honoured with ‘ Mrs.’ or ‘ Miss.’ She certainly was not ‘ Miss,’ for nurses then were invariably broken-down and drunken old widows. ‘ Squire ’ was paid 5s. a week, and lived out ! The Committee also engaged a night nurse at a rather lower salary—3s. 6d. a week. The night nurses were acknowledged at the time to be of even a lower grade than the nurses. They were called ‘ watches,’ and, if good, might hope to work up to the position of ‘ nurse ’ some day. It was strange that the least experienced woman was on duty at a time when help could least easily be obtained. The first minute referring to this honourable society

of toppers—they were confessed to be inclined ‘to drink,’ at a time when everyone drank—was as follows :

‘Squire was reported to have taken money from patients ; she was not dismissed, however, as it was not in the rules that she should *not* do so. She promised not to do so again.’

From this date (1742) there is hardly a meeting of the Committee but some nurse or watch was dismissed for drunkenness, although they were repeatedly forgiven. The type of woman thought good enough may be inferred from the fact that the head nurse, who was called ‘matron,’ was the wife of the hall-door porter ! ”

It is evident that things were much worse in this hospital than in the rich neighbouring hospital of St. Bartholomew. This is a quotation from its minutes :

“ ‘It was agreed that the matron and the messenger be allowed their diet from this day at the rate of 2*d.* loaf per day, and double the quantity of cheese or butter allowed to patients.’

The Matron’s salary was £15 per annum. It is evident that the type of woman engaged was not above extorting various gifts from patients whom they were nursing, and who were completely at their mercy. A system of blackmail existed. The Committee found that a nurse

had refused to bring the most ordinary necessities to patients without promise of a 'tip.'

"The first matron (Mrs. Elizabeth Gilbert) was paid 6*d.* a day by the Committee for each patient, with which she was to provide food. It was found that she had practically starved the patients, and the little she had supplied them with had been given at the expense of local tradesmen, with whom she had run up accounts and then decamped. After this the Committee decided to do their own catering, and asked for tenders.

"It was decided in 1743 to make the nurses and watches resident, and their salaries were £6 per annum for a nurse and £4 for a watch. This salary could even then hardly be expected to attract superior women, physically, mentally, or morally. Sarah Spencer was engaged, but Sarah Spencer was discharged within a week because she was found to be 'lame in her arm.' Two others saw no harm in petitioning the Committee, 'praying for some cordials.' The Committee discharged one of them, as she was under the influence of cordials when she appeared before them. They forgave the other, however, 'on her submission.' I think the Committee were beginning to be doubtful whether nurses and watches were a success, because they advertised 'for a sober, *grave* person who is capable of acting as a nurse.' One of the ladies engaged as the result of this advertisement was very soon dismissed, for reasons that are not fully explained, although hinted at, and to have

described herself as either 'sober' or 'grave' could, under the distressing circumstances, hardly have been strictly accurate. The Committee raised the salary to £7 for nurses and £5 for watches as an attraction, but there was no improvement. Perhaps the accommodation was not good, for the house visitors report 'that the nurses receive their friends in the room in which the watches sleep, to the disturbance of their rest,' and it was ordered ~~that~~ in the future nurses 'should receive their acquaintances in the kitchen!' What could the Committee expect? They certainly got what they deserved.

"In 1756, when she was honoured by having Standing Orders, she was expected to come on duty at 6 a.m. and was to continue on duty until her supper-time at 10 p.m. She might then consider herself free, but had to be in bed by 11.

"When referred to in the minutes, she is classed with 'beadles, porters, and other inferior servants.' Her duties, according to the Standing Orders referred to, were, amongst other things, 'to make the beds of the officers and servants, to clean the rooms, passages, and stairs, and the Court and Committee-rooms.'

"In 1770 the house visitor reported 'Complaints against Sophia Preston (a patient) for abusing the nurse and saying she gave better victuals to her dog. Order her out of the House directly.' In 1789 a Visitor says: 'The House very offensive, so much so that I could not Bare

the smell'; and again: 'I make observation that there are no towels allowed in any of the women's wards, nor soap for the hands, etc., of any of the patients.' "

Things were really no worse than in other great hospitals of the time, and if the conditions partly arose from poverty it is clear that an energetic chairman and committee were required to improve the finances of the institution.

"It was not until 1820 that the Committee thought it advisable that nurses should be able to read and write (two were discharged in 1822 because they could not read and write, 'which was contrary to the bye-laws'). This law had to be relaxed, however, in 1829, on account of the difficulty of obtaining nurses. Nurses who were not able to read and write were not to administer medicines except on emergency.

"The late Sir Henry Burdett, writing on *Nursing Systems*, and speaking of these days, says:

"The only points to be settled on engaging a nurse were that she was not Irish and not a confirmed drunkard. "We always engage them without a character," wrote a doctor, "as no respectable person would undertake so disagreeable an office." Every vice was rampant among these women, and their aid to the dying was to remove pillows and bedclothes, and so hasten the end.'

“ It would be doing a wrong to the memory of many faithful women if it were thought that every woman who nursed in the London Hospital before 1840 was of the type described above. There were brilliant exceptions. There were ‘ born nurses ’ then, as now, whose names occur in the minutes from time to time with honourable mention. ‘ Annie Broadbent was well qualified for her situation, which no one could fill with more credit to herself or advantage to the Hospital ’ ; ‘ Susan Jewell was very attentive, particularly with respect to administering medicine ’ ; ‘ Ann Maddy was very attentive, highly respectable in her character and conduct, and is very humanely disposed ’ ; ‘ Sarah Lowe was a very good servant, kept her ward particularly neat, and her patients in good order ’ ; ‘ Catherine Willis was exceedingly kind and attentive to her patients, of a good character and of an obliging disposition.’ All honour to these unknown women who used their only talent well ! They showed a true womanliness and tenderness in times when their duties were considered degrading, and when their surroundings were abhorrent—born nurses, but untrained.”

The writer of the History continues, giving the point of view always adopted by the “ London ” :

“ Now the pendulum has swung in the other direction. The *danger* is in thinking that training alone will make a nurse. It will not. It can

only perfect the inborn nursing instinct. It can only make the woman more useful, but it cannot make the woman. A nurse must be a true, pure, self-sacrificing, cheerful woman. That comes first, middle, and last. That is her power. Her training directs her power into ways of increased usefulness, but it does not create her power. Her certificate will tell you about the one, a sick child could tell you most about the other.

“ On September 2nd, 1840, appears the following minute :

“ ‘ The Committee met on special summons to consider a communication from a deputation of the Provisional Board of Management of a projected Society for the establishment of Protestant Sisters of Charity, especially with the view to improve the class of women employed in nursing the sick, requesting the Committee to admit two or three respectable women to be trained under the superintendence of the matron. Resolved that the application be complied with, under a definite understanding that it shall in no manner be permitted to interfere with the discipline or arrangements of the hospital.’

“ Mrs. Elizabeth Fry was the moving spirit and founder of the Society, a deputation from which attended the hospital. The minutes do not say who was on the deputation, although it is more than probable Mrs. Fry was present.

“ The excellent services rendered to the hospital by these nursing sisters is referred to

years later—namely, during the cholera epidemic of 1866 :

“ ‘ Resolved, that a letter be addressed to the Lady Superior of All Saints’ Home, Margaret Street, Cavendish Square, conveying the best thanks of the Committee for the very efficient services of the sisters who attended nightly in the cholera wards of this hospital during the period of the greatest pressure, and assuring her that their kind attention to the wants of the patients and their responsible supervision of the night nurses were of great value to the Charity, and have been highly appreciated by the House Committee.’ ”

The hospital, however, as yet showed no disposition to train its own nurses for their work.

“ In 1847 serious illness in the nursing staff is recorded. A Committee was appointed to investigate the cause of this general breaking-down in health. They reported that—

“ ‘ The general disorder of the health of the nurses is brought on from excessive fatigue, induced by having to perform both day and night duty, with but a short and hurried interval of rest between those periods of attendance in the wards.’ ”

“ They recommended that a sufficient number of nurses be engaged, especially for night duty. Consequently fourteen women were engaged to act as night nurses. They were not resident, but

came in every evening. They were paid weekly at the rate of 1s. 6d. per night. And this was not a century ago! About this time there is a note which says that only the older nurses were allowed to go into the men's wards, and that nurses were paid £2 a year more for nursing men than women. But within the next ten years the great change was to burst on the world, owing to the work and example of Miss Florence Nightingale.

“ In 1863 the Governors agreed to the principle of pensioning nurses who had long ago been in the service of the hospital. No pension could be given until after twenty years' service, and the maximum for nurses was 12s. a week and for assistant-nurses 7s.”

In 1865 the Committee received a memorial from the nursing staff, craving to be allowed one week's holiday in the year. This very unusual request was postponed for a year, but was eventually granted.

In 1866 is found the first sign that the authorities thought it would be a good thing to train their own nurses :

“ Resolved, that a system of training assistant nurses be adopted in the hospital, in accordance with the terms of a report from the matron (Mrs. Nelson).”

The following is part of this report :

“ The difficulty of procuring qualified assistant

nurses has been long brought to your notice, but it is only now that I am in a position to submit for your approval a plan which has been for some time under the consideration of the House Governor and myself, and which plan, when fully carried out, will, I firmly believe, obviate this pressing inconvenience. I would suggest that we should have a small training establishment for our own purposes in the hospital, to consist of from four to six probationary assistant nurses. These women, after two months' training, would, if required, be sufficiently qualified to be placed in wards under the head nurses, but, of course, they would become more valuable as they became more experienced. It is proposed to put these extra assistant nurses on the same footing as regards pay and allowances as the other assistant nurses, with this difference: that they shall not have dresses supplied to them until they are appointed to wards, and that they shall not be entitled to gratuities until they have been six months in a ward, or twelve months in the service of the Hospital."

"It is strange that the Committee should have been so slow in deciding that it was advisable to train nurses for the hospital's own ward, when it was constantly receiving requests, and granting them, from all sorts of outside charitable organizations for permission to send women to the hospital to be trained.

"In 1874 a new wing was added to the hospital (the Grocers' Wing), and when the plans for

this wing were being considered, the Court decided—

‘that in carrying out the proposed extension of the hospital the House Committee be empowered to include, either in the same or in a separate building, arrangements for a training-home for nurses, for the special benefit and service of the London Hospital.’

“Very few nurses could be accommodated in this wing, and in a small part of what subsequently became the first Nurses’ Home. The greater number were accommodated in houses in the district. In 1875 there was a serious outbreak of typhoid in some of these outlying homes, and several nurses were attacked, two with fatal results.

“Although the Committee referred to a training-home for nurses in 1874, there was no proper and systematic training until 1880, when courses of lectures on nursing subjects were commenced by the late matron, Miss Lückes, and, at her instigation, by members of the Medical and Surgical Staff.

“In 1895 a preliminary training-school was opened at Tredegar House. The advantages of such a preliminary training-home cannot easily be over-estimated. Here probationers attend for seven weeks before entering the hospital wards, and are taught all that is possible of routine work apart from the embarrassing surroundings of a great hospital. Here are given

lectures on anatomy, physiology, bandaging, and sick-room cookery. One of the advantages of such an institution is that probationers are taught the necessity of discipline, punctuality, system, and accurate observation.

“The training of the nurses at the London Hospital to-day is on lines laid down by one of the hospital’s best-known Governors, Miss Florence Nightingale, who has always taken the keenest interest in the work of the hospital, and in the nursing especially.

“Miss Nightingale was made a Life Governor in 1856, when she was still carrying out her nursing work at Scutari.”

This account carries on the record of the hospital to comparatively modern times, but as regards the trend of events in later days, and especially since 1893, we have the Annual Letters of the matron of the hospital (Miss Eva Lückes) to her sisters and nurses. This great hospital in 1893 had a nursing staff of 230, besides a private nursing staff of 45, and in those days the private nursing staff was greatly in demand, for of 742 applications for nurses, only 493 could be supplied, and consequently this branch of the work was extended. Systematic instruction in cookery through the National Training School was then given for the first time—a new departure in hospitals—and there was a regular course of lectures to probationers on elementary

anatomy and surgical nursing, elementary physiology, and medical nursing. Bandaging was also taught. In 1894 the nurses' library was properly established, and in 1895 the step was taken for which the "London" became famed, and which has been mentioned in its History; at that time a preliminary training-school for probationers was instituted at Tredegar House. The matron strongly held the view that this seven weeks' period of preparation was an immense boon both to the probationers and to the sisters and staff nurses. Courses of lectures were given to the various sets of probationers who came into the home, and they were thus fitted for the work that lay before them. In these days more than 2,000 applications for probationers' papers were received, with possibly 140 vacancies,¹ so popular was the work. We have records, too, of the undertaking of nursing sections of popular exhibitions, a comparatively new rôle for organized institutions. It was difficult to do more than exhibit modern appliances for nursing purposes, but the Exhibition of Nursing Appliances at Earl's Court in 1897 was an attempt to give as much as could be done in the way of practical illustration of the advance of trained nursing during the Victorian era.

¹ Twenty pupil probationers were taken into Tredegar House every seven weeks.

Miss Nightingale's bust, presented by the soldiers, was every day adorned with fresh flowers, and, as always, her influence pervaded the assembly. The carriage in which she visited the camps in the Crimea, which had somehow been salvaged, was exhibited, as well as an old operation-table and a wonderful model of the immortal "Sairey" placed beside an immaculate "London" sister. This interesting exhibition was carried on for several months, and was the forerunner of many others.

Arrangements were made for study classes for probationers in addition to their weekly lecture and instruction class, in order that the daily two hours off duty might be entirely free. But the number of probationers attending the lecture became so large that it was found impossible to give tickets as formerly to students from neighbouring institutions.

As the "letters" go on it is quite clear that there were difficulties over the work of the "private nurse," who went out after only two years in the wards. Whether these were due to the short period of training one cannot say, but it was more probably due to the fact that the "private nurse" had not yet found her feet and that her employers hardly realized what was due to her. It is not till the last twenty years that the private nurse has really become a

recognized institution and that her place in the home has become clearly defined.

As regards holiday time, in 1897 staff nurses had a half-day once a fortnight, and they and probationers on night duty a day off every fortnight instead of every month, owing to the increase in number of probationers. As usual in such cases, deterioration was prophesied owing to the immense amount of leisure which might be misused! As the matron remarks, she can recall the very same warning when it was a question of the two hours off duty *a day* instead of two hours once a week and one hour twice a week and the other days on duty from breakfast to bed-time! The Chairman of the London Hospital—so well known first as Mr. Sydney Holland and then as Lord Knutsford—had a “Charter of Liberty for Nurses” which was a great advance on the regulations of the day. By it ten hours only were to be spent in the wards in the day; every nurse was to have half a day’s holiday a week and a whole day per month, as well as two clear hours each day during daylight and time for dinner and tea. And one important point was that every nurse of every grade should have a separate room and not a mere cubicle (an important matter to a nurse), and a yearly holiday of four weeks at least. This charter has been regarded as a

proper standard, but it has taken long to realize in fact (though an eight-hours day is now in sight, if not arrived at), and this is owing to the wonderful self-sacrificing work of nurses as a whole. A "strike" would have brought to pass the result at once, for the world would have sympathized. As the matron justly pointed out, 1897, the Jubilee year, was full of plans for improving old and building new hospitals, but nothing was being said of increasing the staff and improving the conditions of nurses. These might be more expensive than many "commemorations," but they were usually far more needed.

In the "London" it is interesting to record the improvements that came about in regulations from year to year as well as in the arrangements for the comfort of the nurses both in regard to their sitting-room and the famous "Garden of Eden" right in the midst of White-chapel. As the history of the hospital goes on, one reads in the matron's "letters" of improvements for the comfort of the nurses as well as the patients. In 1899 came feather pillows instead of flock; improvements in bedsteads, bed-tables, etc., are always being recorded, with the large extension of buildings, outpatients' departments, operating theatres, and all the rest. One knows what a tremendous boon

electric lighting throughout hospitals must have been to the nursing staff! In all the great hospitals the reports come of the nurses sent out to South Africa by the Colonial Office during and after the war, in batches of twenty with a sister-in-charge. This was before the modern organization of nurses, which would have simplified somewhat complicated arrangements for their selection and dispatch. The length of time they were kept there in concentration camp work and under difficult conditions, proved very trying, and it was a real boon when Queen Alexandra expressed her desire that those who had been incessantly working for two years should be allowed to return.

The question of pensions was now concerning the "London" as other hospitals, and in 1902 it was arranged that there should be special increments of salary for long service, and that after a minimum of eighteen years' service at the minimum age of forty-five a sister, nurse, or private nurse should be allowed to retire on full pay (average pay of past five years). The much-debated question in regard to the London Hospital was that of the two years' training, which was carried on long after three years had become the ordinary standard. It was maintained that in the "London" the nature and variety of the experience gained there in

two years was more than equivalent to three or four years at many hospitals, and that time of training was only one point in estimating its value. However, in the end the three years' system was adopted and thereby the hospital came into line with others and with the standard required for most public services. Those who elected to act as private nurses on the London staff had, however, the benefit of going back to the wards on their cases being terminated.

It was a great satisfaction to the Chairman to be able to intimate in 1906 that staff nurses would have four weeks' holiday every year like the sisters. The probationers' holidays were also extended, and not only did they receive a month's holiday at the end of their two years' training but six weeks instead of three weeks before the final month became due.

The "London" was one of the strongest of all the hospitals to protest against State Registration and the standardization of training, which it thought, as expressed by its distinguished Matron, Miss Lückes, and its Chairman, Mr. Sydney Holland, would fail to discern the difference between first-, second-, and third-rate nurses, and by offering the same "hall-mark" to all would tell hardest on the best nurses, who had most to lose. The battle became terribly acute and very personal about 1904. What

Miss Lückes advocated was an official Directory established by the State which would give name, training-school, and particulars of certificate held.

EDINBURGH ROYAL INFIRMARY

We now come to perhaps the most celebrated of all the provincial general hospitals, as it is the largest, and, like the "London," its history throws much light on the history of nursing during the past two centuries, more particularly in Scotland.¹ It seems strange to us that after the Reformation days, when education was made so important, Knox and his followers did not think it necessary to consider the bodies of the people, or at least of the children; but there may be truth in the contention that if real education is given the material side is bound to follow, and this has in great measure proved to be so. In any case, the wonderful development of medicine in Edinburgh, owing to the famous men like the Gregorys, Alison, and others, gave special distinction to its hospital.

The first Report of the Infirmary was issued in 1730, and it takes the form of a brief history of the founding and government of the institu-

¹ I am indebted for the early reports and rules of the Edinburgh Royal Infirmary to the courtesy of Mr. W. S. Caw, its Treasurer and Clerk.

tion—the “Infirmery or Hospital for Sick-Poor,” as it was called. A sad account is given of the state of matters in Scotland early in the eighteenth century. Apparently patients—the poor “attacked with Diseases or disabled by Accidents”—were allowed to come twice a week to the Hall of the Royal College of Physicians, where advice was given to them gratis. But the physicians were mortified to find that their advice and medicines were thrown away because the patients had neither proper care nor diet. In 1721 a pamphlet was printed pointing out the deplorable conditions to which the sick poor are reduced, “naked, starving, in the outmost Distress from Pain and Trouble of Body and Anguish of Soul,” the Christian duty of succouring them, the economic gain to the country of doing so, and the opportunity it would give to students of gaining experience at home rather than having to travel abroad. So little support was given to the scheme that it was dropped. But in 1725 a Fishing Company was dissolved, and a happy thought struck the College that the money remaining over might be obtained for founding a hospital. With other help a sum of over £2,000 was then procured, and the College bound one or more of its members to attend the hospital faithfully without “Prospect of Reward, Fee or Sallary.” Others joined in,

the Assembly of the Church made recommendations which were only in a small measure taken up, and in 1728 the twenty-two managers ordered the "erection" to be set about. A house was taken on lease with a garden and a "gentlewoman" was appointed to be mistress or housekeeper, and "allowed to hire a servant or nurse for the Patients, both (besides having reasonable wages) to be entertained in the Infirmary." Six chirurgion apothecaries volunteered to attend free and to dispense the medicines prescribed from their own shops gratis. On August 6th, 1729, the hospital was ready, but few patients were to be taken, till, like canny Scots, the Managers should see what "the Charges of the Oeconomy would amount to," for they did not want to encroach on capital. A donation box with two locks and a slit (again judiciously planned) was set up in a passage. Elizabeth Sinclair, all the way from Caithness, was the first and only patient on that notable day. The rules are excellent. The mistress or housekeeper was to be a "Woman free of the burden of Children and the care of a separate Family." She had charge of the "Plenishing," had to oversee the patients and servants (no "nurses" in those days!), order the diet, and generally had care of the hospital and its staff. The physician and surgeon attending had to

receive her accounts and judge of the suitability of the diet provided. He had to give leave if the mistress or servants wished to absent themselves.

After some years of trial things went on so well that in 1736 a Charter was granted, and then the public became so certain that the project was a wise one that building was decided on, the foundations being laid in 1738. It was fitted for 228 sick in separate beds (on the ground-floor were 12 cells for mad people)—altogether a most commodious building. Everyone helped, even labourers gave a day's work gratis. In the troubled days of 1745-6 the house became a general hospital for sick and wounded soldiers. In 1749 forty ordinary patients were to be taken in, and patients might be received into the "extraordinary wards" on payment of sixpence a day—an embryo paying system. There were so many applicants that piteous appeals for funds were made to those who had been expending their goods in "vain superfluities or perhaps vicious debauches" (rather a reflection on the Edinburgh life of the day), or, if money could not be spared, for meal, barley, rice, etc. The "matron or governess" begged for rags, lint, and other necessities. When appointed, it was stipulated that she should be "unmarried, without a Family [is

this also a reflection on contemporary morals ?] and capable of keeping Accompts." The cook, chambermaids, and nurses were to be hired by her at such wages as are allowed by the Managers. This shows that a distinct grade of nurses had been arrived at, apart from servants. There are rules for their observance which are interesting. The ordinary nurse of each ward has to "remove all Dust and Nastiness out of it by nine o'clock and shall keep it clean and neat at all other times." She has to feed the patients, make their beds, and give or apply the medicines as ordered. Immediately after dinner she has to collect the boxes, pots, glass, etc., belonging to each patient into the box of her basket where the name of such patient is affixed, and to carry them to the apothecary, from whom she is "to receive back what Baskets, Pots, etc., should have remained in her ward, which she is to put again into the Closet of each Patient, and is then immediately to bring back her Basket to the Apothecary, who shall appoint the time for her returning to receive it with the new Medicines."

It throws light on the management to hear that women patients are not to bring their young children with them, as the patients would be disturbed by their noise. But if admitted—for evidently the law was too stringent to be strictly observed—the children must be removed

in case of the parent's death, surely a necessary proviso if the institution were not to become an orphanage. Patients not having a change of "Linnens" are not to be taken. Obstreperous patients and those guilty of any gross immorality are to be dismissed. The food is simple but sufficient, and ale is given as drink. This is common to other hospitals of this date. It is mentioned as an attraction that burials were permitted in a churchyard close by; one would imagine this, even in Scotland, to be a little too suggestive! In 1778 the "matron" is spoken of as such. She has a parlour with a closet for the books of her accompts and a bedroom above. She goes the rounds of the wards every day at 10 a.m. to examine their state and correct what is amiss, as also at another time as she can arrange. She purchases provisions, furniture, utensils, etc., as directed by the treasurer, keeps a list of donations to be laid before the Managers monthly, makes an inventory every year of the furniture, etc., sees that the "vivres" for the patients are "of the wholesomest kind," examines the cookery of victuals, admits patients if no physicians, etc., are at hand, and altogether has a most strenuous and responsible life.

At this date the necessity for fresh air seems to have been appreciated, at least in theory, for the nurses are to be careful to keep the sashes

down and prevent or correct tainted air by the steam of hot vinegar. They are also told to expose the bedding of those who have suffered from contagious diseases to the open air and to have the blankets and linen washed. They report unusual or threatening symptoms to the clerk of the physicians or surgeon, or, if he is absent, to any other clerk. They have likewise to convey to the matron what share of the diets the patients do not consume. When patients have to be attended by night as well as day, supernumerary nurses are to be employed, or, with consent of the medical man, the female relatives of the patient. No officer or servant is to take money or other fee from any patient. There are elaborate directions for dealing with patients ill of the smallpox. They are, if possible, to be placed in a small room and to have plenty of fresh air corrected with vapours of warm vinegar. "The burning of leaves of tobacco hath been recommended as a corrector of the air, but it is offensive to the generality of patients, especially to those in fevers, who can never tolerate it." The mistress of the hospital has to provide fresh linen where necessary, and if there are many cases in a ward it is recommended to place the infected ones near the fire where there is a draught. In such cases it *may* be worth while to provide patients with

such flowers and fruit as can be produced at a reasonable rate. The nurse is directed to observe the behaviour of patients who may be malingering, telling the physician their complaint "with a whining tone of voice," so that nurses are evidently now given more responsibility. The dismissal of patients was clearly a great difficulty, as many had far to travel and the country was sometimes difficult to traverse. Distant patients had special consideration. "A recommendation (of a patient) from a reputable and well-known character, though of low rank, should be preferred to one from a person wholly unknown."

As to the nurses :

"There is still a circumstance which, however trivial it may seem to some, is not unworthy the attention of a hospital physician ; that is, to learn the disposition of the different nurses. While one, from a natural impatience, can hardly tolerate the caprice of patients, whose bodies, as well as minds, are debilitated by the force of disease ; another, too sympathizing, may be disposed to palliate the faults of patients which ought to be reported to the physician or surgeon. The physician, by attending to these differences, will gauge better how to regulate his conduct."

So the nurse psychology has already been

found to be an important element in dealing with the sick. Indeed, the regulations of the Edinburgh Infirmary are altogether ahead of most hospitals of the time. This may have been due to John Knox's efforts to educate the people of Scotland, but probably yet more to the high quality of the physicians of the day and the fact that Edinburgh was becoming a famous teaching centre.

In 1816 a fresh set of Regulations shows that further advance in organization has been made. Besides the apothecary and clerks, there are regulations for dressers, students, and finally further regulations for nurses. The nurse now starts earlier with her basket to the shop, i.e. at 7 a.m. instead of 9 a.m., returning at 10 a.m. and at 2 p.m. for the remainder of the medicine in use and for new medicine ordered, and again in the evening. Nurses have special instructions about bedding, which is to be kept clean and returned to the matron on dismissal of the patient. They are to be particularly careful of the patients either receiving food or conveying it out of the hospital by means of their friends or visitors (evidently there has been trouble here), and now there is a regulation which points to evil practices creeping in. Any nurses who shall have been guilty of bringing in or causing to be brought in to the house for them-

selves or patients any spirits or improper articles of diet, or of "carrying out of the house any articles of provision such as broath, or any articles of furniture, as sheets, blankets, bedding, shall be instantly dismissed the house and such wages as may be due to them forfeited." Again, the nurses are not only not to take any money, fee, or reward, but they are under no pretext "to borrow any money or clothes from any patient or other person." If patients see any infringement of these rules they are begged to report to the matron, apothecary, or resident clerks. This looks either as if manners had deteriorated or if former standards were not high.

In 1841 we find an immense amount of progress in the whole arrangements of the infirmary and in the conception of the duties of the nursing staff. There is now a superintendent who receives the daily admission and dismissal lines from the matron (so-called), and who is to give her every assistance in vigilantly checking domestic expenditure. But he also has daily to inspect the wards and see that they are clean and in good order, and also to superintend the conduct of *nurses* and patients, so that the matron has not yet control of her staff. His authority extends over every department and individual in the establishment. The matron,

however, is called "Mistress of the Household," and for the cleanliness of furnishings, etc., and of the house in general she is said to be responsible to the Managers, and not, as one would have thought from the account of the superintendent's duties, to him. She has control over the hiring and dismissing of the ordinary nurse and female servant, and is responsible for both the female superintendents of wards and ordinary nurses doing their duty. She has also to see that the whole of the servants, including porters, do the same. The resident clerks have to conform to the combined rules of superintendent and matron, and to show them the same courtesy they would towards the "Master and Mistress of a private family." In the "necessary intercourse with the nurses and inferior servants they shall observe due discretion"—perhaps a necessary injunction to the young men. Oddly enough, they may order wines or spirits if required, but not "ale, porter, or ginger-beer," which are reserved to the physicians and surgeons. The female superintendents of wards, from whom ward-sisters arose, were appointed by the Managers, though they might be dismissed by the matron with the concurrence of the superintendent and doctors. Both matron and superintendent controlled them, which seemed a curious plan. They were responsible for the ordinary

nurses and were to keep—and this casts rather a sinister light on what took place—“a watchful eye over the distribution of wines and malt spirits” [*sic*]. They visited the wards at night and reported to matron or superintendent what was amiss, and they received £40 a year—quite a large salary. Ordinary nurses must be able to read and write, and have much the same rules as in former days about receiving money and borrowing from patients. They are particularly required to treat the patients with kindness, attention, and humanity, which looks as if something remained to be desired in these particulars. There are new developments, for books lent by the chaplain are mentioned and the attendance at Divine worship. The Scriptures are to be read and expounded in each ward once a day, which is characteristic of Presbyterian Scotland. Nurses receive £12 a year, the night nurses (always little thought of) only £10, but they will be made day nurses “when their conduct is such as to deserve it.” In the fever wards the wages may rise more rapidly if conduct is satisfactory.

The development of nursing after 1841 followed on much the same lines as that of other great hospitals. Night nurses are untrained; and as their first duty was to scrub out the ward, they were ward-maids rather than nurses. Many can still remember the days when it was considered

that no nursing was required at night beyond giving an occasional drink and keeping up the fire, and when the charwoman performed these offices. It is not to be wondered at that in one county hospital the sister slept in a sort of attic or gallery above, with a window opening on the ward, so that she might supervise its doings, though at the same time she must have enjoyed an atmosphere uncorrupted by fresh air. This was a relic of the times when sisters' responsibility lasted throughout the twenty-four hours.

The account given of nursing up to the time of reform may seem to us crude and almost barbarous, but we must recollect that it has to be judged in accordance with the standards of living then existing in Scotland. We have the evidence of those who can remember the time, of how enormously these standards have been raised as to cleanliness and general well-being. And it would seem that in the infirmary there was a homely atmosphere not distasteful to the patient or the doctor. Doctors in those days themselves trained by experience gained at the bedside rather than by regular courses of lectures, and it was the recognized thing for nurses to do the same. A modern nurse, so natural to us in clean, stiff uniform and cap and accustomed to regular ways and hours, would probably have

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caused consternation all around. And amongst these stout homely figures, there were fine souls as well as Gamps and Prigs.

In Sir R. Godlee's *Life of Lord Lister* there is a good account of nursing in the Royal Infirmary about 1870 before the new building was opened, and while in the crowded wards shake-downs were often put between the beds on the floor at night. There were no steam sterilizers or glass dressing-tables then, but the nurses were improving, though not, as afterwards, under the direct influence of Florence Nightingale, whose pupils were later on to take command. "Sairey" was at least still existing, and Lister used to tell of one who took advantage of an empty bed to sleep off her potations. A serious reprimand from her surgeon was given. Lister asked had she no thought for the poor sufferers under her charge. "Oh, I nae minds o' them," was her unexpectedly cheerful reply! But one Mrs. Porter was a real institution in the hospital, and she was Lister's head nurse as she had been Syme's. Everyone treated her with deference, and she kept surgeons and students in order. Dr. Beddoe had persuaded Lister, his fellow-student, to climb up the celebrated "Cats' Nick"—a cleft in the Salisbury Crags—with disastrous consequences, and Lister and he were carried into the infirmary in a badly bruised

condition. "Eh, Doketur Bedie! A kent weel hoo it wad be. Ye Englishmen are aye sae fulish, gaeing aboot fustlin [whistling] upon the Sawbath." Mrs. Porter is immortalized in the characteristic picture now hanging in the infirmary, showing her in her round, frilled cap encircling her fine, sensible, sweet old face, and also in Henley's verses "In Hospital. Staff Nurse: Old Style."

"The doctors love her, tease her, use her skill.

They say 'the Chief' himself is half afraid of her."¹

In Edinburgh the influence of Miss Nightingale was, after all, brought to bear on nursing affairs earlier than in many hospitals through her pupil and follower, Miss Pringle (known as the "Little General" of the accident ward at St. Thomas's), and her assistant and successor, Miss Spencer, who was in turn succeeded by Miss Gill. The new infirmary was opened in 1879, and in 1892 the nurses' home was added. A separate home for the nursing staff was an entirely new development in hospitals at that time, and it caused much interest and was a model to many other institutions. Later on, this was followed by a further development, a convalescent home for sick or tired nurses. The new movement in Edinburgh was largely helped

¹ *A Book of Verses*, by W. E. Henley (1888).

by the exertions of the first medical superintendent, Surgeon-General Fasson, and Dr. Joseph Bell (well known to readers of his student Conan Doyle) was a warm friend to progress in the training of nurses and the first of their lecturers. He also, while on the staff, held a nurses' clinic every Sunday morning. The three-year standard of training was adopted in the 'eighties ; and now this large hospital of nearly 1,000 beds and 350 nurses has, like most other great hospitals, adopted the four-years system with a tutor-sister and the usual lectures and examinations. There is, however, no preliminary training-school, though the Royal Infirmary of Glasgow instituted a three-months scheme for preliminary training as early as 1893 (even earlier than the London Hospital), though on a non-residential system. Its young sister the Glasgow Western Infirmary began its work after the reform in the nursing system took place, and therefore it adopted the new methods from the beginning ; but though it has excellent teaching, including X-ray and electrical treatment, it has not any preliminary school. Both these hospitals have, like Edinburgh, a four-year course. In the Edinburgh Infirmary, and indeed in all Scottish hospitals, there never was the " lady probationer " or paying system. Scottish schools are entirely democratic, and never made any distinction

between different grades of probationers. Nor do they have nursing institutions attached like many of the English hospitals. They are indeed essentially training-schools, and the nurses when qualified make their own way in the world. The Board of Health (previously the Local Government Board) instituted a scheme for examining or certifying trained sick-nurses for poor-law institutions which was a sort of embryo registration. The larger poor-law infirmaries in Scotland are training-schools as in England, and trained nurses are encouraged in all other poor-houses. Though the system of nursing sick paupers is not perfect, it is very different from the old days.

If it has been uphill work getting good conditions for poor-law nursing, it has been almost as difficult in regard to fever nursing. In old days it was only the lowest class of woman who would undertake the work considered so dangerous, and when hospitals like the Edinburgh Royal Infirmary ceased to take in fever cases—which is much less than half a century ago—fever hospitals were erected by municipalities and expenditure kept as low as possible. In Glasgow a Mrs. Sinclair did yeoman service in reforming the scheme of nursing, introducing the probationer system, and generally getting a better class of women to train for its

work, and better conditions for them to work in.¹

Pensions were for the first time granted to sisters in the Edinburgh Infirmary, as part of a regular scheme, in 1901. Before that time they were given simply as an act of charity to deserving nurses who were superannuated and unable to carry on. Indeed, they were termed in the Accounts "annuities to old servants."

Women were elected to the Board of Management in 1896, largely owing to the efforts of Miss Louisa Stevenson, the first of the women Managers, who took a deep interest in the nursing side of the institution. The first regular Nursing Committee was set up in 1903, and this also marks a forward step.

¹ The following is an account given by Mrs. Sinclair of her experiences in the first municipal Fever Hospital in Glasgow in 1875:

"I found everything in the most primitive condition, from the kitchen where the beef-tea went to the wards as greasy water and the two nurses of each ward were elderly women who changed duty each week, one being on duty 24 hours, the other having her day off and returning in time to have a rest before going on night duty. They had £24 per annum, but any amount of tips in money and whisky. It was awful. All their food was made and taken in the duty-room of the ward. The night nurse had a good deal of scrubbing to do."

Mrs. Sinclair, with the help of the Medical Superintendent, Dr. Allan, got the probationer system started and some teaching introduced. Hitherto every fever was treated as though it were typhus—the "standard" fever.

Such are the progressive stages of this great hospital, which has braved many storms and has always held its head high and had the support of its town and country. It has worked its way from very elementary beginnings in the course of two centuries to a highly organized state of efficiency, and, despite its founders' anxieties, the "charges for its œconomy" have always been duly met. It has in some respects been a model to other training-schools of the United Kingdom, and it will probably develop other "innovations" as time goes on.

CHAPTER IV

THE REFORMATION OF NURSING

IF the darkest period of nursing was that from the latter part of the seventeenth century to near the middle of the nineteenth century, there was certainly a great and momentous change after that time. It is curious how all such changes appear to come suddenly and often through one outstanding individual, while yet the ground has been preparing for many years. The Industrial Revolution in England was followed first by serious abuses: what ought to have brought wealth and prosperity to all classes meant misery to those who had no political power, who had to sink into a state of drudgery to make the wheels of the new factories go round. But this did not last. We have first the emancipation of the people culminating in the Reform Bill of 1832; we have the Factory Acts, the "Children's Charter," and the various measures for the amelioration of the condition of the

people coming one after another so soon as power was placed in the hands of the people. The Revolution of 1848 did not affect England as it did the rest of Europe, just because England was ready for the new democracy that was rising up, and had the good sense to sympathize with the call for education, for better wages, cheaper food, and better conditions generally. We are apt to deprecate the self-satisfaction of the prosperous "fifties," when the people of this country were so sure of their own position. But that position, such as it was, was brought about by their own efforts.

The main abuses of the earlier part of the century, if not reformed, were in process of being reformed. Men had awakened to the iniquity of over-working and leaving in ignorance young children. But though there were women writers more distinguished perhaps than any of a later date, women had not obtained for themselves politically or socially that recognition to which they attained later on. The reforms were mainly brought about by the efforts of men, even where young children were concerned, and the professions were practically closed to the other sex, so that they could not exercise influence through them. The only profession open to an educated woman was teaching, and that was ill-paid and unorganized. The work of tending the

sick had, as we have seen, been mainly a woman's occupation, and yet it had been left to the wholly uneducated and untrained, to whom it was a matter of no real interest beyond that of earning daily bread. It is perhaps typical of the age that it was considered that such work must either be done by those who made it a religious profession or left without any ideal side at all. And hence when the religious calling ceased to influence its followers, nothing was left. There were, of course, reformers who called attention to abuses as regards the tending of the sick that were only too obvious to even the callous observer, but the work in itself was regarded as a disagreeable one, devoid of real interest, and it was not expected that the class of person who performed it should be other than the lowest. The work, indeed, was considered indecent and unwomanly, and the way in which it was done justified these criticisms, while the religious workers showed the way to the better state of affairs. "If I can but obtain a sober set," wrote a doctor in the North, "it is as much as I can hope for"; and as to the character of the nurse as viewed by the medical profession, "they always engage them without any character—the duties they have to perform are most unpleasant, and it is little wonder that many of them drink, as they require something to keep up

the stimulus.”¹ Perhaps this is one of the most striking instances of how work which has been looked at as dull because done unintelligently and in a dull spirit may be raised into what is absolutely different. But this is to anticipate.

The women in these early days were, as we have seen, veritable slaves. Their pay as a rule in ordinary hospitals was about £14 to £16 a year, or 5s. to 6s. a week; they had no uniform dress, and cooked their own food (which they bought for themselves), eating it in the ward kitchens or scullery. The hours were unregulated, and there was no woman superintendent to make things better. Miss Nightingale said herself: “The nurses, whether male or female, are under the sole command of the male hospital authorities: in this case the arrangements as to hours, proprieties, and sanitary rules generally would strike anyone as all but crazy. Such are the rules which give nurses twenty-four hours ‘on duty’ in a ward or which put them to sleep with the sick.”² Their defence is made by a correspondent in *The Times* in 1857 in the following words:

“Hospital nurses have been much abused—they have their faults, but most of them are

¹ *Life of Florence Nightingale*, by Sir Edward Cook, vol. i, p. 443. (Macmillan, 1914.)

² *Hospital Writings*, vol. ii.

due to the want of proper treatment. Lectured by Committees, preached at by chaplains, scowled on by treasurers and stewards, scolded by matrons, sworn at by surgeons, bullied by dressers, grumbled at and abused by patients, insulted if old and ill-favoured, talked flippantly to if middle-aged and good-humoured, tempted and seduced if young and well-looking—they are what any woman might be under these circumstances.”¹

To us the contrast with the present-day attitude to a hospital nurse is grotesque. It seems inexplicable in these days that the reformed Church did not take this matter up as the Catholic Church had done in days gone by, though from a different angle. The neglected spiritual state of the patients was indeed considered, but it was thought that the clergy were too busy to visit; and as indiscriminate visiting was objected to, the bright idea occurred to certain people that the nurses might be trained for this duty of teaching religion, if themselves instructed by the chaplain. A circular was sent out to see how this scheme would work, and, needless to say, the answers were discouraging. The nurses had no time, overworked as they were, and their minds were unformed since some could not read, while their own souls

¹ *Times*, April 15th, 1857 (quoted by Nutting and Dock).

required to be cared for. In other countries conditions were as bad or even worse, as is proved by the terrible records of John Howard in his *Prisons and Hospitals*, written in 1784. Only where the nuns nursed were things better, and their work and tenderness gave him much pleasure.

It was Germany from which the new movement of civilization really sprang, though in England the influence of the great religious revival under Wesley and the advanced and liberal views of the Society of Friends, and notably of Elizabeth Fry, had a remarkable effect on opinion among thinking men and women, more especially on those who, like Hannah More, were in touch with German movements. The high death-rate in hospitals in itself caused medical men to consider the matter of nursing seriously; and then there was the new idea of helping nature to effect her cures by placing the patient under the best conditions as to air and cleanliness, rather than trusting to the efficiency of drugs. But over and above any purely scientific interest in the matter there was the wave of new tenderness for the poor and suffering that was to extend its influence to the present day. Women had undoubtedly a large part in that movement, and probably had women then possessed political

power it would have been a much larger one. But it was a movement that was influenced by men almost, if not quite, as much as women, and men had power in their hands that the others had not. In Germany the movement was even more distinctly religious than in England. Deaconesses had endured as an ecclesiastical institution in Germany since the early days of the Church, before and after the Reformation, and when books appeared from the medical profession stating the qualities needed in an ideal nurse, it was seen by these women that there was no chance of getting their ideals to materialize unless by a thorough system of training from the beginning. "Attendants" with two or three months' instruction would never be real nurses, especially as all their surroundings, food, sleeping accommodation, etc., were thoroughly bad, and there were no superior women to protect their interests.

Perhaps, however, the schools of deaconesses about to be opened received their greatest stimulus from the Napoleonic War of 1813. It is remarkable that war with all its terrible evils has often given women the chance for which they have been waiting. Now they had plenty to do in nursing the sick and relieving the families of soldiers. The happiness of Sisters of Charity in their work, and the discontent of idle women

of the upper and middle classes in comparison with those who were busily employed, made a deep impression, and a movement for resuscitating the Deaconesses' Order resulted. A Nursing Society started in Berlin in 1836 with a hospital, and then a remarkable woman named Amalie Sieveking, after undertaking the nursing of cholera in the pest-house at Hamburg, founded a society called the "Friends of the Poor" which undertook the nursing and caring for the sick poor. Though she did not accept Pastor Fliedner's invitation to help him in starting a new venture which he was about to make, she did aid him by her advice and by recommending one of her best pupils, who ultimately became his wife.¹

Kaiserwerth is regarded as sacred ground for all nurses of the secular description, for it was from here that Florence Nightingale got her inspiration during the short time that she studied nursing in its training-school. Early in the century (1822) Pastor Fliedner made a tour in Europe to collect money, and he came thereby into touch with Mrs. Fry and other notable English philanthropists. Prison reform first laid hold of him, and in 1826 he started a Prison Association. His future wife fell in with all his

¹ For an excellent account of this time, see Nutting and Dock's *History of Nursing*, vols. i and ii.

ideas for the good of the poor and afflicted and she sympathized with his prison work, but, not content with that, started on her own account, after her marriage, a society for visiting and nursing the poor, gradually adding to it, as a refuge for discharged prisoners, a little house in the pastor's garden. From this grew a hospital, because the wretched misery of the sick, and the drunkenness of the nurses impressed Fliedner greatly in his travels made whilst he was endeavouring to arouse interest in his prison schemes. He bought a house and fitted it up as a hospital, but the whole idea of the scheme was religious, and the work was to be done by reviving the Protestant order of deaconesses, consecrated and on probation. His hospital thus became a place of consecrated service, the remuneration given being just sufficient to keep the workers in clothing. Mrs. Fry's approbation and support in all their efforts were of the greatest help to the pastor and his wife. The nursing was not good as we should judge it, but the *tone* was excellent, and an opportunity was at least given for women to serve the poor and needy while striving to serve God.

It was not until 1851 that Florence Nightingale went, much against her parents' and friends' desire, to live at Kaiserwerth for a short time

and help with the work. The idea of the scheme appealed to her immensely, more especially as it had begun with no flourish of trumpets, but with a simple act of Christian charity, and had extended from the small beginning just as was found possible and necessary. The house was not, of course, instituted with any idea of founding a new system of nursing, but gradually it was found possible to appoint a teaching sister to instruct the probationers, and thus a system of district nursing was set on foot. Little by little it came to be recognized that work of the kind was honourable and right for women who had not taken monastic vows. It is interesting to know that the pastor also advocated women being allowed to teach in public schools (which was not then customary), and the patients were all taught industries or reading when they were convalescent. Everything was as simple and frugal as possible and the deaconesses performed the most menial work, but all seemed, as Miss Nightingale found, cheerful and happy. Miss Nightingale only spent three months at Kaiserwerth, yet it influenced her future life very deeply. The sisterhoods themselves (for the Fliedners' example was largely followed) came to be too much in the hands of the pastors, and a form of self-abnegation was demanded of the sisters which

gave them no opportunity for self-development or of arriving at the educational standard which was necessary if they were to become intelligent workers. But this was a later development.

The Protestant idea in England went in a different direction and partook more of the nature of a training-place than of a convent; indeed training-colleges became spoken of by advanced medical men as at least a possibility. Most of the schemes (like that of Sir Edward Parry, of Haslar Naval Hospital) were, however, for volunteers for service, who were willing to sacrifice themselves as Christian women to this labour of love, hard as it was sure to prove. Mrs. Fry was the first to give the idea of training practical shape after her visit to Kaiserwerth. Her own occupation with prison work prevented her from carrying it out personally, but she got a sister and daughter to do so, and in 1840 an Institute of Nursing was established in Devonshire Square, London, the Nursing Sisters, as they were called, being trained at Guy's Hospital. Of course this was not a real training as we should understand it, for the nurses simply visited the hospitals and worked under the untrained nurses there. The new nurses were pious women, but not members of the Church of England, having been under Quaker influence, and the more ecclesiastical bodies did not wholly approve

of them. The institution finally became an institute for private nursing.

Dr. Pusey had a different idea of the vocation of Christian nursing, and he was influential in the starting of a sisterhood in the established Church called the Park Village Community of Sisters of Mercy. The sisters were not trained, but were friendly visitors of the poor and sick. In Devonport a similar group was formed, and a number of these sisters accompanied Miss Nightingale in her journey to the Crimea. This community was extremely High Church in tone. Another, the Community of St. John's House, was founded in 1848 as a purely nursing order in the Anglican Church, working under clerical direction, the idea being to provide properly educated nurses and to have them trained in a hospital, King's College Hospital being finally selected. There was a "master" of the home, who was a clergyman, and a lady superintendent. The system was one of grades. Probationers passed after two years into the grade of nurses, and finally became Sisters, who might be paying boarders or live at home, but who, being better educated, were to be an example to the other classes. The connection with King's College lasted until 1885.¹ A certain number of nurses

¹ Lord Lister came to King's College from Edinburgh in 1877, and he compares the nursing at the former hospital very

were sent with Miss Nightingale to the East. The first proposal was that they should be under the "master," but that was vetoed and they went under her alone. Of the first six who went out, four returned, not being able to face the discipline and privations. Twenty, however, followed next year, and one of the original nurses died at Balaclava, after having rendered the most valuable services. The provision of the nurses for the Crimea caused this institution to expand greatly, and proved how urgently a proper training in nursing was required. It was owing to this also that presently the entire nursing of King's College Hospital was undertaken by St. John's House, and a better system of nursing was finally introduced into hospital wards with a higher class of nurse. An amusing account is given in the *St. John's House League News* of the transference of one class of nurse to the other and of the tremendous work the cleaning of the wards entailed, so dirty and disorderly under the old régime were they found to be.

unfavourably with the "simple, kindly, common-sense routine, in which the patients' welfare and comfort were the first consideration" at the Royal Infirmary in Edinburgh. He considered "the cold, machine-like system intolerable." The reformation of nursing in London had not yet reached maturity, and the rules and regulations of the Sisterhoods were evidently too severe (vide *Life of Lord Lister*, p. 409, by Sir Rickman Godlee).

From 1856 a new system was set on foot with a lady superintendent, sisters, associate sisters, lady pupils, nurses, assistant nurses, probationers, and candidates on trial. The sisters were ladies who bore their own costs and gave their services gratuitously. The time of training was one year, and the entire household department was under the care of the home. In spite of hard work there reigned an atmosphere of refinement and serenity all through. Although there was some temporary friction with the hospital officials, all went well until the King's College Hospital established its own training-school by friendly agreement in 1885. St. John's House also undertook the nursing of some other hospitals for a considerable period,¹ and altogether it gained a high position in the nursing world, so that its sisters were requisitioned for many posts abroad. The High Church party were particularly zealous in this work all through the middle of last century, and the sisters faced cholera, smallpox, and other infectious diseases with wonderful devotion and without much training, regarding their labours as mission work mainly and as part of the regular duty of church visiting. Perhaps it was a drawback to the institute as well as a benefit

¹ The nursing of Charing Cross Hospital was carried on from 1866 to 1889.

that it was not a religious order proper, under discipline, because it was difficult to combine the freedom of the individual with voluntary religious control. Still, its work was very valuable as a stage in nursing development and its standards were high. In 1919, the Council having found that there was no training-school available (all hospitals having their own), they asked St. Thomas's Hospital to take over the house for private nurses who were trained there.

In the *Life of Lord Lister* we read of the terrible effects of hospital gangrene even as late as 1868 in the Royal Infirmary at Glasgow, caused by the impure state of the atmosphere or infection caused by instruments and in wards overcrowded by patients with decomposing sores. Tetanus was yet more dreaded, since there was no known cure for it; but before asepticism was understood all wounds were liable to become infected. Surgeons and nurses were fighting these plagues in the dark, but they knew they were increased by overcrowding and dirt. But in the cleanest ward the efforts after cleanliness were small. "One or possibly two jugs and basins and a few towels were considered sufficient for the ablutions of the staff, and nothing more potent than soap and water, possibly tinted with a dash of Condy's fluid, was used to purify

their hands.” Instruments and sponges were cleaned in the same way and a common probe circulated from patient to patient. The nurses soon became clean and tidy, but it was long before the same could be said of the surgeon or his assistants. Operating-coats were often filthy. Cases of hospital diseases were left side by side with healthy patients, nurses and dressers passing from one to the other. Dusty pictures lined the walls; sanitary arrangements were primitive, opening directly on the wards. Water-supply was often inadequate. Surgeons were not ashamed to speak of “a good old surgical stink.” At the Edinburgh Infirmary the mortality after amputation was 43 per cent., at the Glasgow Infirmary 39·1 per cent. In military practice the mortality after amputation sometimes reached the appalling ratio of 75 to 90 per cent. It is easy to understand how the poor dreaded entering a hospital. One provincial surgeon said, “Although a hospital may not be the mother of pyæmia, it is its nurse.” There was also terrible mortality in most of the large lying-in hospitals from puerperal fever. For the change in these conditions we have to thank Pasteur and Lister above all, but we should at the same time remember that so much good resulted from the efforts of Miss Nightingale to

produce a high standard of cleanliness that many ascribed the enormous decrease in hospital mortality to her work. We shall see later how that work developed at St. Thomas's Hospital.

CHAPTER V

FLORENCE NIGHTINGALE ¹

So far the efforts after a better state of nursing have been made with zeal of a religious kind for the most part, and the idealism that was introduced into a work which had been regarded as wholly sordid was very valuable. But something more was wanted. In every department of scientific work great advances were now being made. Men were seeking the explanations of accepted facts and, like Darwin, working with patience at the problem of how these facts evolved. All that side of work was becoming more interesting, and notably the questions of health and how to preserve it, of disease and how to cure it, were seen to be of paramount moment. We were coming near the wonderful discoveries of Pasteur and Lister, and no one knew where the work being done in the laboratories would end.

Unconsciously this modern movement affected

¹ See *Life of Florence Nightingale*, by Sir Edward Cook. 2 vols. (Macmillan, 1914.)

the whole body of the people—women as much as men. Of women none was more affected by it than Florence Nightingale. She was born in 1820, the daughter of wealthy parents who lived in a beautiful country house and were people of exceptional intelligence. Hence Miss Nightingale received an excellent education which gave her one great advantage in her work, while her social position and wealth gave her another. She had no brothers and was fortunate in having a son's education. But above all she had force of character which, influenced as she was by the changing times, made her feel that her life as a young lady at home, with every luxury around her and devoted friends, was wholly unsatisfying. Even the opportunities of marriage that were offered her were unattractive, excepting in one case, perhaps, where the special distinction of the man who offered her his hand made her hesitate not once but often. Her view was that marriage with him, even though it satisfied her passionate nature, would mean a continuation and exaggeration of her present life without hope of any other. She believed that some women were clearly marked out to be single, just as were some men, and for this she had believed she had the support of the primitive Church as well as the example of Christ. In any case, at the age

of thirty she deliberately turned aside from marriage with the view of being free to fulfil her vocation. She was wretched living a useless life at home, and with infinite difficulty so far escaped its trammels as to spend three months at Kaiserwerth, partly training—though the training was far from good—but mainly drinking in ideas for work from Pastor Fliedner and his wife. She lived with the deaconesses, as they did—in the simplest way—and at last found the happiness in work that she longed for. These short months had an immense influence on her future life and were really her first apprenticeship to work. She became interested in various social questions, wrote on and discussed them; but hearing from medical men of the drunkenness and inadequacy of hospital nurses, she kept nursing in view as the work she would most wish to help in, and she tried hard to obtain permission to work with the Catholic Sisters of Charity in France. At last she succeeded in gaining permission to go, though first of all she made a systematic visitation of hospitals and infirmaries in Paris, seeing many of the famous Paris surgeons at work, and collecting reports and statistics as she went. Just as she was about to join the sisters, however, she was recalled home by the illness of a relative, and when she returned she herself fell ill. After

this she took the post of unpaid superintendent of an "Establishment for Gentlewomen in Illness" in London, and despite difficulties with Committees, she enjoyed this work thoroughly. She was thinking of some larger sphere in connection with King's College Hospital when, in 1854, the Crimean War broke out.

The battle of the Alma meant a large number of wounded men, and it was not long before *The Times* special correspondent sent a heart-breaking account of the lack of provision for the sick and wounded. The old pensioners who had been sent out to nurse were not of the slightest use: the soldiers had simply to attend upon each other as there were neither nurses, dressings, nor bandages. The French were far better off with the help of the Sisters of Charity, of whom there were fifty. "The manner in which the sick and wounded are treated is worthy of the savages of Dahomey," said *The Times*.

The heart of the country was touched, and one who was most concerned was Sidney Herbert, the Secretary at War. He was only financially responsible as a Minister, since there was a Secretary *for* War, but he took on himself responsibility, especially as he was always interested in the welfare of the sick and his colleague was overworked. Both he and Florence Nightingale had been deeply influenced by

the newspaper correspondent's appeal, and their two letters crossed. Herbert wrote that the nurses should go and that "there is but one person in England . . . capable of organizing and superintending such a scheme"; the other (Miss Nightingale) wrote to say she had been pressed to go with a privately organized band of nurses and asked Mr. Herbert's advice on the plan. Mr. Herbert promised all the help Government could give, and this was supported by all the members of the Cabinet. Complete control of the nursing staff was given to Miss Nightingale subject to the approval of the chief medical officer. Miss Mary Stanley and Mrs. Bracebridge, the latter of whom was going with her, interviewed candidates, and it is related of them that they felt ashamed to have in the house such women as came as volunteers. "One alone expressed a wish to go from a good motive. Money was the only inducement!" St. John's House finally supplied nurses, though at first the proviso was made that the nurses should be subject to its own Committee. The same proviso was also made by the Protestant institution in Devonshire Square, and in the end it did not allow its nurses to go at all, since its proviso was not granted.

Finally, there were ten Roman Catholic sisters, eight Anglican, six from St. John's House, and

fourteen from various English hospitals, mostly women of the working class. With this varied contingent Florence Nightingale left London on October 21st, 1854, the centre of interest in the newspaper world. Gifts poured in upon her, and in all she received £7,000 in money from the general public, and this was largely supplemented from her private purse. Miss Nightingale was quite aware that she was taking upon herself a great responsibility and that the experiment might fail, for she was exposed to much medical jealousy and military prejudice. But she knew that if it succeeded the good would be multiplied to all time. Her "capture" of orderlies was resented and the idea of ladies scrubbing floors angered the old-fashioned soldier. Her "meddling" was also resented even by some of the medical officers.

It was at Scutari that Miss Nightingale began her labours, for the four principal hospitals of the British Army were established there. The Barrack Hospital was the first to which the band of nurses made their way, and here Miss Nightingale had her headquarters throughout her stay at Scutari. The nurses' quarters were very cramped and infected with vermin, and Miss Nightingale at her own expense took a house for nurses attacked by fever. The largest number of patients in the Barrack Hospital was

2,434; the General Hospital was not far off across a common, and Miss Nightingale went from one hospital to the other. The other two hospitals she was not responsible for. The state of the hospitals was disgraceful and the ships which brought the patients were ill equipped. There was fearful overcrowding and pestilential conditions as regards sanitation. The Barrack Hospital was worst, having no utensils or provision for hospital delicacies. Cholera and typhus were rife; the mortality of the cases treated was 42 per cent.

At the Barrack Hospital Miss Nightingale boldly assumed responsibility and set about administering her new office with the utmost energy and with great knowledge. Some of the officers were sulky, but she remained calm, showing absolute patience until she won the confidence of the doctors. The sick were pouring in on her arrival, and hasty arrangements had to be made at once. She had that air of calm authority that somehow gave confidence and made men conform to what she laid down. A few of the nurses taken out were, as might be expected, quite unsuitable; indeed, only sixteen were really efficient. The Rules and Regulations drawn up by Miss Nightingale show the necessity that existed for them. They define the quantity of spirituous liquor allowed, forbade

flowers and ribbons to be worn, or walking out except in parties of three. The uniform, if so it might be called, was ugly and unbecoming, but yet the well-known and honoured red cape of Queen Alexandra's Imperial Military Service takes its origin from that introduced by Miss Nightingale.

In December 1854 another party of nurses arrived under Miss Mary Stanley's care. Miss Nightingale was annoyed, as she had not been consulted in regard to their selection or advent, and thought she would be inundated with amateurs. They reported not to her but to other officials, which she felt was subversive of discipline, hard enough to maintain as it was. How were they to be housed and fed? Her own nurses were just beginning to be disciplined. Her friend Miss Stanley was on the point of joining the Church of Rome, and most of the new nurses were Roman Catholics. All this caused both annoyance and worry to the leader of the band. Miss Stanley remained for a time upon the Asiatic shore of the Bosphorus, helping as she could, and the nurses were distributed through the hospitals.

The experiment was so new of having women nurses at all that one can understand Miss Nightingale's acute anxiety as to their justifying the scheme. To us, accustomed to nurses going

to wars in their thousands, it is difficult to realize what the anxiety of managing these few women meant, and yet it was she who paved the way for the others, and had she not been able to justify the principle we should never have had these multitudes of nurses to-day. She worked out the scheme by which the nurses should have the necessary independence of existence while yet taking their due subordinate position in regard to the whole military organization. She had not only to nurse but to devise a system of sanitation. "Not a basin, nor a towel, nor a bit of soap, nor a broom were there." Two hundred hard scrubbing-brushes and sacking for washing floors did wonders. "The strongest will be wanted at the wash-tubs," she told her nurses. Such washing of bedding, etc., as was done was done in cold water. Miss Nightingale got boilers, engaged soldiers' wives to do the work, and at last procured clean linen free of vermin. She also got extra diet kitchens started to supplement the coppers, and she was greatly helped in this part of the work by the arrival of Alexis Soyer, once the famous chef of the Reform Club. She found others to care for the women camp-followers, many of them in rags and tatters. Her own money and that collected through *The Times* was used for all of these efforts.

The commissioner of *The Times* fund was told by Lord Stratford that on the purveying side “nothing is needed,” and that the money might be devoted to building an English church at Pera ! Miss Nightingale thought otherwise, and collected a perfect store of socks, shirts, knives, spoons, etc. She became, as she said, a “general dealer.” The “Tower of Babel” was where sago, rice, jelly, lemonade, etc., were dispensed to every nationality. The “Sisters’ Tower,” on the other hand, was where Miss Nightingale held her councils. Complaints were made of her hasty action in supplying stores, after she was told there were materials in store, though “they had not been examined by the Board of Survey and hence could not be obtained.” The story runs that on one occasion Miss Nightingale had a Government consignment forcibly opened ! Clothing for the soldiers was lamentably short, and Miss Nightingale supplied 50,000 shirts. She even succeeded in getting some dilapidated wards repaired.

It is not to be thought that she despised rules and regulations—on the contrary, she respected them, and administered her funds through the medical officers ; but there were occasions on which “direct action” was necessary. All through she had, of course, the invaluable support of Mr. Sidney Herbert at home, for he

was as strong as she about getting necessary things done. The Medical Department was perpetually jealous of her, and undue influence was naturally ascribed to her. There was, indeed, much influence on her side. The Queen was deeply interested in her work, and sent her comforts for the men as well as gifts to the nurses. "The Nightingale power" had to be reckoned with, and doubtless it was irritating to the official mind. Even when Mr. Sidney Herbert ceased to be in office, in 1855, her position remained a strong one, for Lord Palmerston, the Prime Minister, knew her personally, and her influence brought to pass many of the reforms of both Lord Aberdeen's Government and its successor. Carpenters to repair the vast Turkish buildings were required, and all the minor utensils, knives, forks, plates, and so on, were lacking.

The appointment of three Sanitary Commissioners armed with full power hastened the reforms, and the death-rate consequently fell rapidly. Dr. Sutherland, their head, was one of Miss Nightingale's closest friends, and he and his colleagues, Miss Nightingale told Lord Shaftesbury, "saved the British Army." A Government store for comforts in an old hulk was a great boon, and Miss Nightingale, as well as caring for their clothing, sent in suggestions for saving the men's labour and for remedying injustices

in their pay. The hospital orderly system wanted revision; indeed, the whole of the regulations for the personnel of military hospitals required recasting as well as the Purveying Department, and every detail was gone into with meticulous care.

And Miss Nightingale, being born to command, kept every point in view. Every day brought its load of trouble to be dealt with, and good sense as well as energy were required at every turn. All sorts of people, indeed, turned to the "Lady-in-Chief" to help them in their troubles. She worked in the wards all day and wrote all night; the worst cases were assigned to her and infection had no terror for her. "What a comfort it was to see her face even!" said one soldier. "We lay there by hundreds, but we could kiss her shadow as it fell and lay our heads on the pillow again content." The men idolized her, and her life and fun appealed to them as much as anything else, for she had an intense sense of humour. We must remember that these were men who had been for long months without the care of women. In these days care such as they received goes without saying; but then it was an extraordinary and unexpected thing and seemed marvellous in the eyes of suffering people, accustomed to endure every sort of hardness. To have a woman

standing by when the time for entering the operating-room came brought a marvellous strength to the soldier. Her presence became something quite transcending a matter-of-fact bodily manifestation, and they came to believe she had supernatural powers and that she could have led the army to victory.

Her correspondence was immense : she wrote to relations of dead soldiers as well as to officials and subscribers. She wrote to soldiers' dictation and gave them note-paper and stamps. Her character seemed to give the tone to her surroundings, and her orderlies became chivalrous gentlemen. It was a time of hot religious feeling, and for a time Miss Nightingale was accused of favouring the High Church party, whereas the only kind of nurses barred were the "drunken dames," of whom a certain number had to be sent back.

In 1855 Miss Nightingale visited the four hospitals in the Crimea, now greatly improved in sanitation. Sir John McNeill, a doctor, had done wonders here. She took with her several helpers, including the invaluable Soyer, who devised several kitchens for special diets. While there she was stricken with Crimean fever, but recovered sufficiently to be carried on a yacht, everyone vying with another to help her. But she would not return to England till the end of

the war, and she was able to carry on till the end, though some of her nurses, to her great grief, died.

Miss Nightingale's illness brought her a flood of popularity exhibited in all sorts of ways, some pleasant and some embarrassing. But on her recovery it was decided to raise a fund for the establishment of some school for nurses under a Council to be nominated by herself. There was a wonderful and enthusiastic public meeting on November 26th, 1855, addressed by Sidney Herbert, Lord Stanley, the Duke of Argyll, and others, and the "Nightingale Fund" was set on foot—that Fund which made possible the realization of Miss Nightingale's hopes and desires. But opinion, especially fashionable opinion, was not unanimous. "Lady Pam," wrote Lord Granville, "thinks the Nightingale Fund great humbug. The nurses are very good now, perhaps they do drink a little, but so do the ladies' monthly nurses, and nothing can be better than them. Poor people! it must be so tiresome sitting up all night!"¹ Some of the doctors in the Army took the same view, but the troops gave nearly £9,000 to the Fund. Four thousand pounds came from "Headquarters, Crimea," the result of voluntary individual offerings; and the

¹ Fitzmaurice, *Life of the Second Lord Granville*, quoted by Sir E. Cook.

Queen sent a brooch in the form of a St. George's Cross.

Miss Nightingale cared for the social side of the work for the soldiers as much as the physical. She established reading-rooms, and refused to believe that the vices that were so prevalent then in the Army were a necessary part of it. It was no more the nature of the British soldier to be drunken, she held, than it was that of the nurse. She got the soldiers to save their money, established a café for them, and so on.

After the fall of Sebastopol, she divided her time between the Crimea and Scutari. She drove through the snow on bleak and difficult roads or spent long days in the saddle visiting the hospitals. Her official position was no sinecure, for she had to fight against many difficulties and misunderstandings, since her position as lady superintendent was questioned and she had to maintain her rights. Even after the Peace in March 1856 she had work to do, and finally she returned, not on the man-of-war offered her by the Government, but as far as possible *incognito*, avoiding all proffered ceremonial display.

Florence Nightingale had done much, not alone for the soldiers, but for the cause of womanhood. She had not only opened a new profession for them, she had also made their work of

importance in the most important business a nation has to undertake. She came back full of anxiety to complete the work she had begun, and make the reform of nursing and sanitation something which would be regarded as one of the important developments of the age.

But even before she undertook the reform of nursing she applied herself to the increasingly important matter of the health of the Army. Diseases alone carried off at the rate of 60 per cent. per annum in the early part of the Crimean campaign, and this terrible mortality was, she believed (with absolute truth, as we know now), preventible. Even at home the mortality was far too high. Miss Nightingale was summoned to Balmoral, and she decided that if asked for any mark of Royal favour she would ask nothing for herself, but for the soldiers a Royal Commission into the condition of barracks, hospitals, and into the Army Medical Department. She not only had the opportunity she desired with her Sovereign and Prince Albert, but was also able to put her points before Lord Panmure, Minister for War.

Once the matter of the Royal Commission was afloat, she spared no pains, and from the "Little War Office," as her hostelry was named, she worked out a suitable personnel and generally pushed matters through. Sidney Herbert was

to be Chairman of the Commission—the best possible—but there were great and unnecessary delays. Miss Nightingale had settled to prepare her Report, but she always had in mind that though that Report was confidential, she might be forced to head a popular agitation for reform from without, were no steps taken upon it.

Now followed an immense amount of work with the War Office on all matters of health and sanitation. Netley Hospital was being built, and Miss Nightingale struggled hard for new plans on the pavilion system. She wrote her "Notes affecting the Health, Efficiency, and Hospital Administration of the British Army," which was never published, though circulated amongst influential people, and which proved a most valuable agency in bringing about reforms in all health and hospital matters. It had, as Sir John McNeill, the doctor who had been sent to the Crimea to report to the Government, said, "a body of information and instruction, such as no one else, so far as I know, has ever brought to bear upon any similar subject." He considered it altogether priceless as a gift to the country as well as to the Army. It dealt with the dieting and cooking for the Army, washing, canteens, and every part of Army medical administration. Miss Nightingale also wrote subsidiary Notes on the Introduction of Female

Nursing into Military Hospitals, which was almost a treatise on Nursing itself.

It is difficult to overestimate the work which Miss Nightingale had on hand. Statisticians, sanitary engineers, and architects were all called into play. The Royal Commission was set on foot at last, but though Miss Nightingale was not herself a member, she was at the heart of its deliberations and she had explored the ground covered very thoroughly beforehand. Every day she was in communication with the Chairman, to whom, her biographer says, she gave instructions as a solicitor would do in a case. She gave notes even for the examination of witnesses. In those days it was not thought possible for a woman to be a member of a Royal Commission, and even calling one as a witness was thought a dubious step. Miss Nightingale's evidence was really a condensed summary of her Report.

The Report once out, she set to work with equal zeal in seeing that the recommendations when made were carried into effect. Four sub-commissioners were appointed: (1) to get the barracks into sanitary order; (2) to organize a statistical department; (3) to institute a medical school; (4) to reconstruct the Army Medical Department and revise the hospital regulations. No rest did she give herself in

order to get the work carried through. The Report of the Royal Commission appeared in February 1858, and then came the business of having it written up in the Press and by the right people. Sidney Herbert worked indefatigably, especially at the reform of barracks, but Miss Nightingale was always consulted and referred to. While he lived, Soyer was of the greatest help in showing how to cook large quantities of food in a nutritious way.

Gradually many of Florence Nightingale's reforms were carried out, and now we have the Army Medical School on the Embankment close to the great military hospital planned and arranged according to her ideas, with modern developments and nursed by Army sisters, assisted by male attendants trained by them. Of both buildings the nation has reason to be proud. The former has done, as we all know, wonderful work as regards the preservation of the health of the soldier and in the prevention and extermination of disease—the work so near to Florence Nightingale's heart; and the latter proves the value of her teaching. It was a great matter for her that her friend and constant helper, Sidney Herbert, became Secretary for War in 1859 in a new Government, and he held the office for nearly three years. Under his direction the mortality of the British soldier fell very

largely; soldiers' institutes were formed and barracks improved and made more homelike. The work of carrying this out and that on the Sanitary State of India proved too much for him, and he died in 1861. This was a very great blow to his constant friend and adviser, who wrote a memorandum on his work as Army reformer.

We have seen how engrossing to Miss Nightingale was her interest in the health of the soldier. She had, however, at the same time been carrying on a battle for the health of the civil population—a more important matter still. The civil hospitals were still in a very unsatisfactory state. There were all sorts of hospital infections which many considered a necessary part of hospital life. Her "Notes on Hospitals" gave a new idea of how hospitals might be reformed in structure and management. She visited all the important hospitals and enumerated their defects as to site, ventilation, sanitation, etc., and this was a time when many new hospitals were in contemplation. St. Thomas's Hospital, London, is a monument to her views on hospital construction, though the present building was not completed till 1871.

Miss Nightingale was a "passionate statistician," as her biographer says, and she prepared a standard list under various classes and orders

of diseases, and made model hospital forms. Many matters, such as the duration of cases and its relation to the utility of the hospital, had never been shown before. She was able to enforce her views on a uniform system of statistics of hospitals at a congress of statisticians of all countries, whom she asked to meet her privately. The forms she drew up were largely used, but to this day there are not satisfactory hospital statistics.

But above all she was a great sanitary reformer. Major-General Sir George Evatt, in a very interesting address given to the Royal Artillery Institution in 1917, and afterwards published, said: "She was the greatest sanitary reformer the world ever produced. This woman forced the unawakened War Office, forced the unawakened nation to look into the prevention of disease, and she really turned us from being a corps writing prescriptions for sick men into being an advisory body of scientific men making recommendations which have entirely changed the sobriety, the health, the fitness, and the fighting power of the Army."

General Evatt emphasizes the point that Miss Nightingale would not have done the work she did but for the inspiration she received from Elizabeth Fry, the Quakeress. The Quakers always produced splendid women, and he ascribes this to the fact that women in their Society had a

place given to them of equal importance with men, and had the same rights and responsibilities as they. There were women nurses before Florence Nightingale's time, but she broke down the class barriers which kept women of education outside useful work for the community. And she saw that improved conditions in hospitals formed a small part of her work. Improvements in dining-halls, in cooking, etc., meant improvement in health. She saw that a single kitchen could not feed 2,500 patients properly, as at Scutari, where the fighting and struggling amongst orderlies to get their rations was terrible. General Evatt adds: "The Army of to-day is the result of her teaching. She changed the Medical Service from being a curative service to being a preventive service," and got power given to the medical officers to address the commanding officers. In former days the command of the hospital was not in medical hands at all.

Miss Nightingale also struggled to get particulars of the housing of the people put into the returns of the census. In this matter she was far before her generation, and consequently her efforts failed.

As regards nursing in the modern sense, we must remember that Miss Nightingale's work coincided with a very remarkable period of advance in scientific knowledge. Not only was

Joseph Lister studying at the same time as she was working, but Parkes, one of the founders of modern hygiene, was her contemporary and all important discoveries in bacteriology were just about to be made. When we read Miss Nightingale's *Notes on Nursing* (1859-60), we feel that she had arrived at her results as to the necessity for cleanliness of every sort, of fresh air, of frequent, small, and suitable meals, by experience and good sense, and one realizes how remarkably her conclusions have been borne out by subsequent scientific discovery. The *Notes* really formed an era in the history of nursing. "Miss Nightingale was the founder of a new model," says her biographer, "and the *Notes on Nursing* was its gospel." The little book explained to many her success, and its personal touches renewed the interest in the "Lady with the Lamp" of the Crimea. "She sought to raise nursing to the rank of a high art."

The *Notes on Nursing* afterwards appeared in a cheap edition as a book "for the labouring classes," and was distributed freely throughout the land. Edition after edition appeared and it has really never gone out of date, so valuable is its advice even in the present time. It is a most useful manual of hygiene for the household, and tells how to "mind the baby" as well as to nurse the sick.

Florence Nightingale held the true Hippocratic doctrine of giving the patient the chance of benefiting from the curative effects of nature, and watching the symptoms carefully to enable this to be done. She insisted on the necessity of "nursing the well" before they became sick and seeing that their sanitary conditions were good. Perhaps she was the first of her time to preach this gospel in a popular form. "When you have done away with all that pain and suffering which in patients are the symptoms, not of their disease, but of the absence of one or all of the essentials to the success of Nature's reparative processes, we shall then know what are the symptoms of, and the sufferings inseparable from, the disease." One wonders how many windows were opened, how many heavily curtained beds were abolished, by Miss Nightingale's efforts! Her advice to chattering visitors is full of pungent and amusing criticism, and her criticism of the usual praise of a nurse, that she should be "devoted and obedient," which would "as well suit a porter or even a horse," reminds one of the rebellious generation which was to follow her. She was fond of a saying of Lord Melbourne, "I would rather have men about me when I am ill; I think it requires very strong health to put up with women," and quite sympathized so far as the

old-style nurse was concerned, compelled by her dress in those crinoline days either to shuffle or waddle, or "like port-wine" to improve with age. The affectedly sympathizing and mincing nurse, with a voice like an undertaker's at a funeral, was to her as bad.

Miss Nightingale was the first to point out that nursing was an art and a very difficult art, requiring much knowledge of the laws of health and some of medicine and surgery, hitherto kept on a different plane, and above all the development of the faculty of observation. "Merely looking at the sick is not observing." "It is often thought that medicine is the curative process. It is no such thing. Medicine is the surgery of functions, as surgery proper is that of limbs and organs. Neither can do anything but remove obstructions; neither can cure; nature alone cures." "What Nursing has to do is to put the patient into the best condition for Nature to act upon him." Could there be more undiluted common sense as regards the curative profession, whether that of doctor or nurse? And the fact that the matters written of are not such as come by inspiration to the loving heart, but require careful study and experience, was the lesson Florence Nightingale, the great nurse, taught her generation.

CHAPTER VI

THE TEACHING WORK OF MISS NIGHTINGALE

JUNE 24th, 1860, was a date memorable in nursing annals, for it was then that the Nightingale Training School was opened at St. Thomas's Hospital. The Nightingale Fund, amounting to £44,000, a tribute from the Empire, was invested in the name of trustees to establish the institution. Her ill-health and the other work she was doing for the Army prevented Miss Nightingale from being herself superintendent of the school, but she had full confidence in Mrs. Wardroper, the Matron of St. Thomas's Hospital, who was for twenty-seven years superintendent of the school. She was not only an excellent matron but also a woman of great strength of character combined with judgment. Like most matrons of those days, and many nurses, she was a widow. Fifteen probationers entered on their work on June 24th, and this was the beginning of the scheme which has lasted to the present day. The probationers learned their work in hospital and lived in the house. The sisters and resident

officers instructed them regularly and other members of the medical staff gave lectures. All this was novel in those early days.

A most elaborate account of the nurses' work may be seen in the records (under fourteen heads as regards technical work and five heads as regards the moral side!) Those who passed the examiners were certificated in the Hospital Register at the end of a year, and certain gratuities were given to nurses who satisfactorily completed a further year of service wherever it was carried on. The educational side was paramount, in Miss Nightingale's opinion, and the system of marks was most elaborate and exhaustive.

The nurse's after-career is carefully noted. Those of us who remember the strictness of the discipline, more especially in regard to conduct which might not seem altogether unnatural in young women in their twenties, which was enforced by Miss Nightingale's former students who had become matrons in their turn, may be inclined to smile; but we must recollect that at the time such rules were drawn up a strong fight had to be made against anything that savoured of impropriety in conduct. The Nightingale nurses, we must also remember, were to be regarded as of a specially selected class, chosen out as the future trainers of others,

and not as ordinary nurses, whether public or private ; and they fully justified the expectations formed of them, for they succeeded in giving that high moral stamp to the nursing profession which it has held ever since.

The nurses wore uniforms, such as we are so well accustomed to now, and Miss Nightingale made the Home as attractive as possible with books, prints, and flowers. They were encouraged by her to keep diaries, which were inspected, and bad spelling meant lessons in dictation. Indeed, she demanded every sort of information about the students' progress, and discussed each with the Home Sister. A good many entered St. Thomas's as full nurses at the end of their training. The enormous importance of a nurse's work was always emphasized by Miss Nightingale, i.e. that the first thing for a probationer was "to do the patients no harm," and she would do them harm, noticed or unnoticed, were she not perfect in every detail of ward work. On the moral side she should be teaching goodness and unselfishness. "Don't let us nurses look at patients merely as 'cases,' " she said. "Let us look at what we can do for them." Every year from 1872 a letter was sent to the nurses, who went forth as the years went on to the British Colonies, to America, and to all parts of the United Kingdom, bearing with

them the Nightingale spirit and enthusiasm. Even abroad her influence told. But as her biographer reminds us :

“ Miss Nightingale’s work was not without severe criticism at home. To us whose ideas of ‘ training ’ have developed far beyond that of those days, it may seem a matter of surprise that a large part of the medical profession was opposed to it, and this was the case with some of the staff at St. Thomas’s itself. Whether there was some idea that nurses might overstep the boundary that separated them from the doctor, we cannot tell, but it was not till a much later date that that profession realized how much it had itself to gain from an educated and competent nursing service. Education in the best sense was what Miss Nightingale aimed at. She was a constant student herself, reading and pondering over books on metaphysics and history ; without this inward life and her intense interest in the meaning of things, she could not have carried out her practical schemes in the high spirit she gave to them.”

The loss of her friend Sidney Herbert was a severe one to Miss Nightingale, but on his death she set-to with renewed vigour to try to get the reforms at which they had both worked so hard, carried through. When the Civil War broke out in America, her advice did much to mitigate the sufferings of the soldiers, and she was con-

sulted on Army matters at home as well as abroad. She was really the means of a second Royal Commission being appointed—that on the sanitary condition of the Army in India (1857–63). To assist in this matter Miss Nightingale devoted her best endeavours, and after the Report was issued she worked equally hard in getting its recommendations carried out. She saw the principal Government officials and generally exercised the greatest influence on Indian officers. At the same time she acted as a constant adviser to the War Office on home affairs within her sphere, for she was recognized as the first expert of the day.

If nursing in general hospitals was bad, that in workhouse infirmaries was much worse, and Miss Nightingale set-to to get things improved. Such nursing as there was, was carried on by fellow-paupers. Mr. William Rathbone, of Liverpool, gave a training-home for nurses for the sick poor in 1860, and Miss Nightingale suggested that if a training school were established at the workhouse infirmary some of the nurses might be trained there as well as in the Royal Infirmary. She sent a superintendent (Miss Agnes Jones) and twelve St. Thomas's Nightingale Nurses. The difficulties with 1,200 patients of the lowest class, and a low class of assistant nurses, were enormous, but Miss

Nightingale took infinite pains in working out a scheme for the whole of poor-law administration and agitated for its adoption with vigour. Disappointments were many, but valuable work was done by her means and that of Miss Jones. There still remains work on her lines to be achieved in our generation, as the Report of the Royal Commission on Poor Law (1909) revealed.

Her main work, however, was as "Advisor-General on Hospitals," as her biographer calls her. Men and women called on her for advice, from the throne to the cottage. The Liverpool experiment was extended to London and elsewhere, Miss Nightingale superintending or advising. She saw nurses, encouraged them in their difficult work of fighting against prejudice, advised them on beginning duty in new hospitals, inspiring them to the best efforts. She was also deeply interested in the training of midwives, and especially in discovering the reason of the high mortality in lying-in wards. Into this question she went with much care, and wrote *Notes on Lying-in Institutions* as the result of her investigations. This was really an extension of the *Notes on Nursing*, and an appeal for midwifery as a career for educated women.

The Franco-German War of 1870 gave Miss Nightingale the opportunity of advising the

National Society for Aid to the Sick and Wounded which afterwards became the British Red Cross Aid Society, and which did much good work then. The "Red Cross" owed its inception to a Swiss physician, Henri Dunant, who had seen the horrors of war at Solferino. The famous Geneva Convention was an International Congress held in 1864, and the British representative there was a friend of Miss Nightingale's, whom she helped by her advice. The movement, which recognized the neutralization of the wounded in war, soon spread throughout Europe, and Dunant stated publicly that though he was the originator of the Convention, the honour and inspiration of it was due to Florence Nightingale.

In 1871 St. Thomas's Hospital was moved from the old Surrey Garden to its present site, and Miss Nightingale continued the education, technical and moral, of the Nightingale School. The old system of lady probationers still existed, and though that system may have had its drawbacks the nurses were a high class of educated women and the sisters were chosen from them. The Home, she insisted, was to be a training-ground for *character* as well as a college of learning. A "Home sister" was appointed as assistant superintendent to the matron, and she was responsible for encouraging general reading and religious instruction amongst

the nurses, and was specially "to keep them above the mere scramble for a remunerative place." She herself saw all the sisters, nurses, and probationers attached to her school, and wrote incisive and clever character-sketches of each after having full particulars of what they were doing and were being taught. Each nurse had to write monthly, for submission to the Chief, an account of a day's work in the wards. She invited them also to tea and talk. From the account one has had from her visitors, one would imagine these visits were somewhat of ordeals, but the honour and privilege of the talk seems to have got the better of some natural timidity. The visit always ended with a present, a cake perhaps, or book, and the cab fare to St. Thomas's. Were the latter not accepted in the spirit in which it was given, the visitor was never asked again!

In 1874 Miss Nightingale wrote *Suggestions* for improving the nursing of the sick poor in their homes, and did much to develop what from the "Metropolitan Nursing Association" has grown into the present system of district nursing. This occupied her equally with workhouse nursing.¹ She introduced the innovation of sending her nurses to the National Training School for Cookery, and looked over their notes and gave hints to the teachers from her observations. It

¹ A society to improve workhouse nursing was started in 1879.

was disappointing to her that the medical service in Lord Wolseley's Egyptian campaign of 1882 showed grave defects. In the subsequent Inquiry into the conduct of hospital management and nursing she took a large and helpful part. This and Indian affairs occupied her largely during her later years. As regards the Inquiry, it was satisfactory to her that Lord Wolseley put the presence of lady nurses in military hospitals as of the first importance. He wished them extended to all stations both in peace and war, both for the sake of the patients and for the education of the male orderly.

The Registration question, which so rent the nursing profession for many years, was warmly taken up by Miss Nightingale. The British Nurses' Association wished to register nurses in order that physicians and surgeons might have evidence of their systematic training. They also desired the Royal Charter which afterwards they obtained. Miss Nightingale believed that the advantages of the register were deceptive. She regarded the nursing profession rather as a *calling* than as a regular profession. Registering, she believed, might be emphasized instead of training, while the true way of protecting the public was "to extend homes for private nurses on sound lines, aided by the nurses' training-schools and hospitals." The controversy went

on from 1886, and in the early 'nineties it was one of her main public preoccupations. Making nursing a registrable business was regarded by her, as her biographer says, almost as sacrilege. She herself had an elaborate record of the work and character of her nurses, and it was difficult for her to realize how rough and ready is the estimate of the public, how unlikely they are to ask for *recent* testimonials, and how easily impostors may get their claim accepted by those who do not have expert knowledge.

One great satisfaction to Miss Nightingale as regards India was the sanctioning of female nurses in the military hospitals there. Eighteen nurses with a lady superintendent were sent from England in the Jubilee year. Lord Dufferin took a great part in the question of nursing and sanitation in India during his Viceroyalty, and he and Lady Dufferin, who was also much interested, kept up a constant correspondence with Miss Nightingale. Indeed, she qualified for the name sometimes given to her of "the Governess of the Governor-General." So impressed was she by the unnecessary suffering from sanitary ignorance in India that she went on persistently urging the Government to carry on its work, and her expert knowledge was of the greatest service to those in authority. And she worked at home also to get health visitors

or the district nurse to be made into a "health missionary" on the establishment of County Councils with rating powers. This was in the early days of the great health movement.

Miss Nightingale lived to see much of what she aimed at carried to fruition, and though her latter days—she died in 1900 in her ninety-first year—were clouded, she had the happiness of knowing that, despite her many disappointments, her efforts had on the whole succeeded.

We shall now give a short account of the hospital in which her system was worked out.

ST. THOMAS'S HOSPITAL

The hospital chosen for the development of Miss Nightingale's views is an interesting one, and since, partly because it was her selection, it has become specially famous in the nursing world, it may be worth while first to sketch its development, before going on to deal with the development of modern nursing as a whole.

The position of the hospital tends to enhance its reputation, situated as it is on the banks of the Thames directly facing the Houses of Parliament and therefore known to all who visit the seat of Government. Though the present hospital is modern (it was opened in 1871, and built on the new pavilion plan advocated by Miss Nightingale), it claims to issue from an ancient founda-

tion, a convent or house of sisters which existed on the Thames long before the Norman Conquest. It was founded by a woman, "pious, robust, and unmarried," who amassed a fortune by running a ferry across the river.

A re-endowed hospital was founded to the memory of St. Thomas of Canterbury in 1223.¹ St. Thomas's Spittal was at the southern end of London Bridge. When the Reformation days came, its possessions were divided amongst the favourites of Henry VIII, but the citizens of London prayed for the restoration of the institution and for the "reliefe, comforte and helping of the poore and impotente people lying in every street, offending every clene persone passing by the way with their fylthy and nasty savors." St. Bartholomew's was, as we have seen, given back by Henry VIII, but it was left to King Edward VI to grant a Charter conveying the rights and privileges of this ancient hospital to the Mayor and Corporation. It was so granted for the benefit of the sick, and 284 beds were provided. The work of combating plague and other diseases was of the first importance, but the Governors were given considerable powers since the patients who were treated for foul diseases were well flogged before being dis-

¹ *A Brief History of St. Thomas's Hospital*, by G. O. Roberts (1920).

missed, as a warning to them as to their future conduct! The nurses, too, were not exempt from castigation, for it is recorded that twelve lashes well laid on should be administered to one of the nurses who had been found drunk on duty in spite of warnings!

In 1693 the hospital was rebuilt. In the early years of the eighteenth century two great wings were added, one by Thomas Guy, who finally determined to found a new hospital on a site taken from St. Thomas's. Through the next 150 years St. Thomas's and Guy's Hospitals stood and worked side by side, and in the early days one medical school sufficed for both. Dissensions at last arose and the schools were separated in 1825. In 1866 the St. Thomas's Hospital was displaced from Southwark through railway development, and it occupied a temporary building in Surrey Gardens till its new buildings were ready.

Miss Nightingale fixed on St. Thomas's as the home of her Training School in 1860, and a special part of the new building was set apart for the nurse probationers. Ever since that time the training of nurses has been a very special part of the work in St. Thomas's Hospital.

In the early days of the Nightingale School the training in the school, as we have seen, lasted one year (which was then considered a great

advance), and after this certain certificate papers were given in consideration of further work. This scheme was started in 1875, and the first of these papers was actually granted in 1877. At the end of the third year of satisfactory work (or fourth year of training wherever it was given, for there was no condition as to hospital) a further certificate paper was awarded. In the old days all the lectures by the medical staff were taken in the first year, but in 1910¹ this was changed and lectures were given to staff nurses (i.e. second-year probationers) and the sister of the Nightingale Home took tutorial classes, as from the beginning. The remarkable thing is that this tutorial system was begun in the early days for *all* nurses. In 1914 a great advance was made, for a sister-tutor was appointed whose work was to be confined to lecturing and teaching (the first sister-tutor of the kind), and in 1916 certain awards and medals were given at the end of the three years' work.

The Nightingale Home has had a sister-in-charge since it took its origin, and it was really through it that the technical and professional education of nurses was developed. The necessity for a preliminary training-school on the lines of that started by the London Hospital, to give the necessary training before probationers

¹ Under the direction of Miss Lloyd-Still.

entered the wards, was advocated, and this school, the course of which lasted nine weeks, was opened at St. Thomas's in 1910. Now there are two sister-tutors and one assistant, whose work it is to instruct. During the first year, while probationers are in the Nightingale Home, the teaching is given by the sister-tutor, who teaches the theory and practice of nursing, and in the second and third years there are lectures from the medical staff. There is also a certain amount of post-graduate instruction. Nurses may qualify for the certificate of the Central Midwives Board; they may qualify in massage, and they may also qualify in venereal diseases, in housekeeping, and in mothercraft. The practical work for this last is given through the Infant Welfare Centre carried on by the hospital. There are also certain scholarships in special branches given annually to students for training at King's College, thus introducing the University element. At King's College there is an admirable course for trained nurses or sisters who wish to qualify as tutors to probationers or as teachers in a preliminary training-school for nurses, and Nightingale scholars also attend lectures on institutional administration in connexion with this degree course.

¹ Scholarships for this course are also awarded by the College of Nursing.

A very important point in the system adopted at St. Thomas's is that the curative and preventive sides are not separated from one another. That is, the social aspect of the work is recognized as being as important as the clinical. Through the mothercraft organization the infant and the mother are visited from the beginning; every aspect of the family is regarded: this work is carried on to the school, to which the file of papers is handed, and so on. The idea is thus developed that the surroundings of the patient should be considered as well as the clinical condition. For the fourth year in a nurse's training this experience is invaluable.

This brings us down to modern days and modern conceptions of training, and we must now consider what that training implies and the work that it leads to.

CHAPTER VII

MODERN NURSING

THE plan of having an organized teaching system is developed on lines somewhat similar to that of St. Thomas's in most of the great training-schools, and the question of qualifying nurses for the important tasks that are opening up every day in the direction of health work of all sorts is occupying the attention of all those who are responsible for these schools. It has only been possible to carry out systematic training as the hours have been shortened, and this, and the appointment of regular tutors and lecturers, has meant and will mean expense. But it is expense that must be faced.

In America things have been proceeding apace. In Teachers' College, Columbia University, New York, there is elaborate provision for graduate (qualified) nurses preparing for various special branches of nursing work, such as teaching in schools of nursing, administration of such schools, public-health nursing, school nursing,

and supervision in public-health nursing, and for students entering for the full professional training in nursing and for special branches of public-health and sanitary work allied to nursing, or who are preparing as teachers of occupational work in hospital. Most of the students are normally working for their Bachelor's or Master's degree. An arrangement is made with two of the principal hospitals in New York by which a limited number of high-school graduates may work for the B.Sc. degree while they are pursuing their regular course of nurse's training. The combined curriculum requires five years of work, the time being divided almost equally between the college and the hospital. The first two years are spent in residence at the college while taking certain general academic subjects, the next two in the nursing schools, where theoretical and practical training in nursing is given. The final year is spent largely at the college in the study of special subjects (public-health teaching, supervision of nursing schools, etc.). There are also a number of courses of lectures of different kinds for graduates and for those who are *preparing* to enter hospital, for missionaries, and social workers.

In New York "after-care" is much developed through a Social Service Department, such as that run by the Massachusetts General Hospital.

The social workers are not necessarily nurses, but they are trained to convey the doctor's wishes to the patient and deal both with adults and children. Quite a number of volunteers and student volunteers help the paid workers in this matter.

In the McGill University, Montreal, there is a very interesting school for graduate nurses which lasts for one year and leads to a certificate. Here, as in New York, there must be evidence of a high-school education, i.e. a standard of general education approved of by the University to which it admits, as of well as being a recognized trained nurse with a two-years course. The idea is to provide for public-health and social nursing, and also to provide for administrative and teaching posts in hospitals. The demand for public-health nursing is developing all over Canada, as is the demand for instructor-nurses. Any student taking the administrative course must be able to show that she is capable of responsible executive work from her previous record. Lectures are also given to graduates on a variety of special subjects.¹

¹ In the Royal Victoria Hospital Training School for Nurses at Montreal, out of 184 students only 9 have less than the grade of "Senior Matriculation" and 16 have completed their Arts course. It has a three-years course, and is designed to give a thorough scientific training to women wishing to learn the art of nursing in order to prepare them for intelligently caring for

In the Johns Hopkins Hospital School for Nurses at Baltimore, in connection with the Johns Hopkins Hospital of 621 beds, only young women of good education are received, and the course of instruction lasts three years, with a preparatory period of six months, when the student is taught practical work, invalid cookery, etc., as well as receiving theoretic teaching. At the end of this probationary period the student enters the wards and commences a regular course of instruction under the "instructors" or tutors, of whom there are a large number. The lecturers are mostly men. The diet kitchen is famous, and there is special teaching in invalid occupations and social service to gain a knowledge of the background and environment of patients and to be able to "follow them up" after discharge from hospital.

These are simply one or two examples of the trend of educational work in Canada and the United States.

Dietetics is one of the most important parts of the training of certificated nurses who propose to take up this work, and the "diet kitchen"

the sick, for administration work, public health, social service, or other forms of usefulness in the community. There are many applicants. In the three-years course three months are spent at the Montreal Maternity Hospital and two months at the Contagious Diseases Hospital though this is optional.

is a recognized part of hospital equipment. "More and more is the country depending on its great army of nurses," as the official prospectus of Teachers' College states, "not only to care for its sick, but to build its national health, to save its babies, to protect its school-children, to safeguard its citizens and workers, and to clear up the breeding-places of disease wherever they may be found." And the life of a nurse is recognized as being "full of adventure and human interest." The demand for nurses is practically unlimited; it has doubled during the past few years; but though many positions of responsibility and influence have opened up to nurses, positions that compare favourably with those of other professions, there must be for success the same "solid educational background, cultured personality, and broad point of view which are essential in other professions."

Hence it is considered that a woman who holds a college degree as well as a professional diploma will, other things being equal, be a broader and better-trained woman, will reach success more quickly, and will find more important positions open to her. It is not unusual in America to find young women who have studied four years in college, three years in a hospital training-school, and one year in post-

graduate study in a University to fit themselves for the best kind of service in nursing.

The new type of five-year curriculum spoken of above is arranged for to combine many of the advantages of the regular academic college training with both general and special professional preparation. This plan has the advantage of taking a girl straight from her secondary school and occupying her in the period before her professional hospital training. In Great Britain there is a serious gap here (between the ages of 18 and 21) which ought to be suitably filled up. A student such as is described above would get an introduction to that general education which is part of any college training (English, history, languages, etc.), and would have a foundation of scientific work, while she would also have shared in the social life of the college and thus avoided the almost necessarily narrowing influence of a life confined to the walls of a hospital with its very engrossing but somewhat limited interests. The difficulty is, of course, that of time and expense, but for the higher posts at least a long course is a necessity. In America the fifth year is given to one of the many branches of nursing in which the student is specially interested, and is devoted to both theoretical and practical work. The student may live in hospital if interested in teaching or

supervising work, in the college, or in her own home, as most convenient. The graduate may have a nursing diploma from the hospital and a B.Sc. degree from the University, and she may receive a special diploma for some special branch of nursing that she has followed. The social life in the nursing-school is much the same as in college, the eight-hours day is in force, and the outside work is done in a Visiting Nurse Association.

The American system may be open to criticism, more especially on the practical side, but the importance of the educative idea has been grasped and the necessity for training for administrative and other special posts.

In England the nurse health visitor, who is a trained nurse, must take a course of one year's duration instead of the recognized two-years course for those who are not certificated nurses. The training must be in an institution conducted by or in close touch with a University, and is both theoretical and practical.¹ In Scotland the arranged course lasts seven months, but the certificate of the Central Midwives Board must be taken. The future health visitor may

¹ The Ministry of Health has lately relaxed these conditions considerably and reduced the standard of training. Its action has been greatly criticized in consequence. A six-months course is now recognized.

take the course before or after training in hospital.

This and other developments in connexion with University teaching shows that the tendency is to bring all higher education together, as the Universities realize that they stand for more than the select education of the few. The hospitals are also realizing that their training is making for much more than the "good nurse" of the old days, whose work was splendid but whose sphere was limited. She has to be a woman of wide outlook who may be called upon for very various kinds of work for her country. Therefore, as her education will be wide, she must enter at a grade of general education not less than what would allow her to enter any other educated profession. For this she should start on her preparation, so far as possible, soon after leaving her secondary school, else her difficulties in picking up the threads will be great. The work of the General Nursing Council in drawing up schemes of work for the years of training, both for the general and supplementary parts of the Register, and the suggested nurses' chart which is supplied, will be of the greatest assistance in promoting a good scheme of education, and it is certain that gradually this scheme will develop further.

SPECIAL BRANCHES OF NURSING

The nursing profession has branched out in various directions, as is natural in so large and varied a calling. There is space here only to enumerate some of the most important.

District Nurses

Those nurses who take up this important work on completing their ordinary training receive a special district training, and may then be placed on the roll, e.g. of the Queen's Nurses, a great organization established to commemorate the Jubilee of Queen Victoria. The work done by these women, "Queen's Nurses" and others, may best be seen in the slums of the great cities or in the wilds of the Hebrides,¹ where they are miles from any medical skill and have to do the work of doctor and nurse combined ; and in both

¹ In the Outer Hebrides the need of district nurses may be judged by the following statement of facts, accompanied by the assertion that in some districts the death-rate has been reduced 50 per cent. since a nurse was appointed ; in any case, many lives are saved and much suffering prevented. "The doctor lives 32 miles by land from us, and a ferry has also to be crossed. For four miles of this journey there is no road and two rivers have to be crossed. At such a place in case of serious illness it might be seven days before the doctor could come." The writer can testify from personal knowledge to the enormous boon a nurse may be in these remote parts of the country where housing conditions are bad and infectious diseases (including even typhus) are prevalent.

cases they are a wonderful ameliorating influence, and are able to inculcate at least the elements of healthful living and decent housing. These nurses are supported locally, and if doing public health and tuberculosis work they have to qualify in a special course of training for health visitors. For child welfare and infant work they take the certificate of the Central Midwives Board. The special courses, as has been said, are held by or in close association with a University institution, and the shortened course for a fully qualified nurse lasts nearly one year. It is designed to help the visitor to deal with the many social and economic problems that meet her daily. Under the National Health Insurance scheme it is being recognized more and more that nursing should be supplied to sick persons as well as medical attendance.

Poor-law Work

There have been great changes in the nursing in workhouse infirmaries since the old days of Miss Nightingale and Miss Agnes Jones, who worked so hard for their improvement. Conditions in the early days were terrible, but now excellent training is given by the large poor-law infirmaries, where there are usually no medical students and hence more for the nurses to do. There is also experience in chronic cases for the

nurse, who may later on have much to do in nursing these. But in the small workhouses there are anomalies in regard to the place of the trained nurse in regard to the matron and governor, and friction often results, which will probably continue till some of the recommendations of the Royal Commission on the Poor Law of 1905-9 are carried out. Pauper "nursing" has been hard to kill owing to its simplicity and cheapness, but things have advanced since the days when Miss Louisa Twining worked for the separation of able-bodied and sick poor, and it is only in small poor-law institutions that they are associated.

Public Health Nursing

In addition to child-welfare work a large number of nurses are employed under county, borough, or city schemes for tuberculosis visiting, etc. The education authorities require a large staff for following up the cases of children who have been inspected under the health schemes. There are also nurses in connection with industrial welfare. Fever and isolation hospital nursing comes under public authority work. The course of fever training recommended by the General Nursing Council is for two years before the general training of a nurse. Sanatorium work is also mainly under public authorities, and

special training is given both in open-air treatment and in the dispensary system.

Private Nursing

Nursing in private houses is carried on either from a hospital, which sends out its nurses when they gain their certificate, allowing them to return to the wards when free, or from an institution, "co-operation," or home. There are not many independent nurses, but some who visit by the day. There are many private nursing-homes where nurses are employed, whose qualifications vary with the nature of the home.

Sick Children's Nurses

The admission to the part of the Register containing the names of registered sick children's nurses entails their having been trained in an approved general hospital for children for three years. A suitable syllabus for training is drawn up. It seems matter for regret that the work done in children's hospitals is entirely separated from what is done for children in infant-welfare and school schemes, i.e. the child is apt to be dealt with as an isolated unit and not in relation to its home surroundings.

Mental Nursing

For mental work there is a recognized three-years course in a recognized institution for the

treatment of mental disorders. A certificate is given by the Medico-Psychological Association. The nurses and attendants are of both sexes, but women are being increasingly made use of, more especially in Scotland, where it is claimed that the services of women have proved to be very satisfactory. Matrons were first appointed to asylums there in 1894, and now all the Scottish asylums have trained nurses as matrons. Dr. Robertson, of the Royal Asylum, Edinburgh, has been one of the most active advocates of general-trained nurses in asylums and he has increasingly employed them. Hospital-trained sisters at the head of mental wards have improved conditions greatly in every respect.

Male Nurses

Excepting as regards mental work and in the Services, there is little opportunity for training for male nurses. Those who do register must have had the recognized three-years' training. Part or all of this training may have been taken in the service of the Admiralty, Army Council, or Air Council.

Maternity Nursing

In addition to the ordinary midwives and "monthly" nurses, a large number of trained nurses take the certificate of the Central Mid-

wives Board and work as district or private maternity nurses. In district work this is becoming very general, as it enables the nurse to work under infant-welfare schemes. Only some hospitals have maternity wards and therefore training has usually to be taken at special hospitals.

Nursing in the Overseas Dominions

Nursing in the Overseas Dominions is carried on on similar lines to those obtaining at home, and excellent training is of course given. In this country there is, however, a Colonial Nursing Association which sends trained hospital and private nurses to Crown Colonies and small British communities in foreign countries. There is also an Indian Nursing Association (Lady Minto's), which provides trained nurses for Europeans in India.

Nursing Organization in Later Days

The nursing profession has not become an organized one without much trouble and labour, and many dark days have been passed through. This is perhaps not to be wondered at, considering that it is a woman's profession and that women had not in early days been accustomed to organize, and also that it was both a very large and miscellaneous profession without defi-

nite standards of any sort. The first great step was the institution of the British Nurses' Association in 1888, which is always associated with its President, Princess Christian. There were unfortunately two parties in regard to the scheme, one of which advocated the establishment of a minimum of training through a central governing body appointed by the State, thus preventing untrained women from claiming the position of trained. The opposition party asserted that in nursing matters efficiency could not be tested by examination, nor, if it existed, its continuance guaranteed. A Royal Charter for the Association was obtained in 1892, but serious dissensions arose from the advanced party, who were not content with the voluntary register finally established, but who wished for State registration. The subject was one on which those most competent to judge were divided.

In 1894 a Matrons' Council of Great Britain was set on foot, and in 1902 a Society for the State Registration of Trained Nurses. This party maintained that to protect the profession nothing short of a State guarantee would suffice. It was formed mainly of professional nurses, headed by Mrs. Bedford Fenwick, and an immense amount of work and money were expended in propaganda work. A Bill for State Registration was introduced in 1903 and another the following

year. There was powerful opposition to the Bill, and a Select Committee of the House of Commons was appointed to investigate it, and its findings were more or less favourable to the scheme. It reported in 1905; but the warfare continued unabated (latterly assisted on the registration side by a General Committee founded in 1910), until the Great War broke out in 1914. Then a truce was established, for all nurses were too busily employed to apply their energies to outside matters, however important to themselves and their future status.

In 1916 a College of Nursing was established which has done great things for the profession, and will do more in the future, because it forms a centre for every sort of nursing activity and is capable of directing nursing education on proper lines by means of its branches and their meetings and discussions. In 1921 it had 20,000 members. The college scheme for registration differed somewhat from that of the Central Committee, and as no agreement was in sight, the newly developed Ministry of Health took the matter in hand and brought forward as a Government Bill the Nurses' Registration Bill, which became law in the end of 1919.

This is the end of a long struggle which is yet but the beginning of a new effort. Self-government is secured, without which no profes-

sion can have self-respect and good organization. The Act of 1919 has given this. It has established a general Nursing Council for England and Wales and another for Scotland. Of the twenty-five members of the English Council, sixteen must be registered nurses elected by persons registered under the Act. There are four supplementary registers for male, mental, fever, and sick children's nurses, as well as the General Register, and in accordance with the Act, the Council regulates the admission to and the removal from the Register, and it also has to deal with training and examination. A useful syllabus of different types of training for probationers is given as a guide, and it will arrange also for a preliminary examination. The scheduled scheme will be of assistance to those training-schools which will be interchanging nurses when the General Nursing Council's scheme for reciprocal or affiliated training comes into operation. The object, of course, is to arrive at a general standard of nursing education and to have an exact record of work done by means of a nurse's chart. An examination syllabus will follow.

It may be claimed that of recent years considerable advance has been made as to increase of pay and reduction of hours of work, although doubtless much still remains to be done in these directions. The matter is, however, in the hands

of the profession as it never was before, and it is for it to take what steps may be required to improve its economic position. That these steps will be taken there is no manner of doubt. There may be other developments also in the way of grouping smaller hospitals for training, utilizing the different kinds of teaching available, and generally unifying the profession; but all will make for raising the general standard of the nursing service. Post graduate teaching especially requires attention since at the present time there is little opportunity for the graduate nurse to keep herself abreast of the times in hospital work or improve her technical knowledge either by lectures or ward instruction. This will doubtless come as teaching facilities in training schools develops.

PART II

CHAPTER VIII

THE NURSE IN WAR

WE have tried to sketch the development of the nurse as a social force in times of peace, though in early days as well as recent her work for warfare is inevitably intermingled with her work in peace time. Indeed, all through, war has had a direct and strong effect upon the calling, and the two cannot be really separated. In the days of the Crusades the cruel sufferings of war forced women as well as men to take up the rôle of tending the sufferers so far as was in their power. The same must have been the case in all great wars, and it certainly was so in the Napoleonic.

But it was, as we have seen, the Crimean War that really accomplished the great work that others had only attempted heretofore. In the Crimean War more was done than to initiate a great war service which should meet the wants of the sick and wounded soldier: there was besides a trained and educated civil service established as its result. The Italian War of

1859, Solferino in particular, begat the Red Cross Society through Henri Dunant, and great developments in nursing took place through the Franco-German War of 1870 and also through the South African War of 1899-1902.

But all other wars seem to pale before the Great War through which we have so lately passed, and in it we have the result of former lessons as well as new teaching for the future. For this reason we are going to try to recount some of its deeds—deeds that are written deep in the nation's life. It is impossible here to recount the individual actions that are immortal, but we can describe the organization that made those actions possible, and the actual facts so far as they are written in reports that are official and that have other documentary evidence for their truth. Just as the deeds of the great fighting services are recounted for posterity, so should we have a record of the part taken by the women of our country who were servants of the King.

But before we go on to tell of the occurrences of the War of 1914-18, so far as the Nursing Service is concerned, we must give an account of what these Services are and how they came to be.

The first is the great service that we all know best—Queen Alexandra's Imperial Military Nursing Service—the service of the red-caped women

all Tommies came to love, with its small sister the Naval Service. And then comes the young Territorial Service, the service of the Volunteer, which had its first baptism of blood in the year 1914, and finally the yet younger Air Force Service.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

This is the Nursing Service of the Regular or First-line Army, and it was instituted in 1902 after the South African War. Florence Nightingale was, of course, the pioneer in the employment of women nurses in military hospitals. At the close of the Crimean War a Royal Commission was, as we have seen, appointed to inquire into the regulations affecting the sanitary conditions of the military forces and the medical treatment of the sick and wounded of the Army. But though in 1858 a Royal Warrant was published establishing rules for the admission, promotion, etc., of medical officers in the Army, no provision was made for the establishment of a staff of female nurses. The sick were then attended by regimental hospital orderlies, or men of the medical Staff Corps, afterwards called the Army Hospital Corps, and these were usually retired soldiers or pensioners.

But not long after the Crimean War nurses

were employed at Fort Pitt, Chatham, and on the transfer of the Army Medical School to Netley the nursing establishment of Fort Pitt moved there. In 1866 provision was made in a Royal Warrant for the appointment of female nurses to any military general hospital, and after that date a small number of nurses were employed at Chatham, Netley, and Woolwich.¹ During the wars in South Africa and Egypt after 1878 the staff of female nurses was from time to time temporarily augmented for service in those countries, the supply being obtained in various ways, but partly by Miss Nightingale's nomination though the National Aid Society also assisted.

On February 21st, 1880, the Council of the National Society for Aid to the Sick and Wounded in War asked permission of the Secretary of State for War to train a staff of nurses for use in military hospitals in view of the value of their services "during the recent war in South Africa." The scheme was that these nurses were to be trained and maintained by the Society, though subject to the order of the Director-General and local medical authorities, and as their services were to be limited to four years, one of which

¹ Mrs. Deeble was appointed lady superintendent at the Royal Victoria Hospital, Netley, on November 1st, 1869, in succession to Lady Jane Shaw Stewart. Miss Caulfield was appointed lady superintendent at the Herbert Hospital, Woolwich, in 1877 and retired in 1894.

was to be spent in training and the other three in active duty in the hospitals, a reserve should be brought rapidly into being, which would assist the regular nursing staff in time of war. There was, however, difficulty in finding guarantees for these nurses in hospital and no real "reserve" was formed.

In 1882 a staff of nurses was appointed to the Guards Hospital in London, and later on they were attached to military hospitals in Egypt and at Aldershot.

The year 1881 may be said to be the date of the inauguration of the "Army Nursing Service," though it was not until 1884 that a Code of Regulations for the "Female Nursing Service" was published. In Army Order 113, March 1888, it was notified that Regulations for the "Army Nursing Service" would be issued to all concerned.

As a result of Lord Morley's Committee, the Proceedings of which were published in 1883, it was decided that a staff of female nurses should be appointed in every military hospital of 100 beds or over. This led to a large increase in staff to meet the necessities of eleven additional military hospitals.¹

In 1901, during the South African War of

¹ Aldershot, Gosport, Portsmouth, Devonport, Dover, Shorncliffe, Canterbury, Dublin, Curragh, Gibraltar, and Malta.

1899-1902, the Secretary of State for the time, Mr. St. John Brodrick, afterwards Lord Middleton, appointed a Committee to consider the reorganization of the Army and Indian Nursing Service and advise as to its reconstruction. He himself was chairman and various eminent medical men were members. This was the origin of the present "Queen Alexandra's Imperial Military Nursing Service," which was set on foot in 1902. Up to this time the service had consisted of one lady superintendent, 19 superintendents, and 68 sisters. The lady superintendent was located at Netley. A great defect in the old system was that the powers and responsibilities of the male nursing staff in peace had been unnecessarily predominant, since it was considered that they must have complete predominance in war, especially in those uncivilized wars in which we had then been engaged. The powers and responsibilities of the women nurses were too much restricted, and the superintendent did not have the part in hospital administration for which she was particularly adapted. The authority of sisters in the wards was too limited, and the training of orderlies in nursing was not fully given over to them. It was believed that an extension of the powers of matron, sisters, and nurses would be of the greatest possible use, and so it has proved.

Since the year 1897 there had been associated with the Service an "Army Nursing Service Reserve," organized mainly by, and associated with, the name of H.R.H. the Princess Christian and constituted by Royal Warrant.¹ The principle of a Standing Reserve of Nurses was not originally adopted by the Nursing Board, as it was believed that the civil hospitals and nursing associations would provide the necessary nurses when required. The number of the Q.A.I.M.N.S. Reserve being only 175, the civil hospitals were approached and a guarantee of about 400 nurses in the event of war obtained.

Under the new constitution a Nursing Board was established, with H.M. Queen Alexandra as President, the Director-General A.M.S. or an officer appointed by him as chairman, two members of the Advisory Board A.M.S., the Matron-in-Chief of the Q.A.I.M.N.S., three matrons of large civil hospitals, one representative of the India Office, and two members nominated by H.M. the President. This Board was to advise the Secretary of State on all matters connected with the Service and its organization at home and in India. The India Office, however, declared its intention of carrying out its own Service, and references to India were

¹ This Reserve was absorbed into the Q.A.I.M.N.S. Reserve, established in February 1908.

thereafter omitted. There had been a Service called the Indian Nursing Service since 1886, which remained independent of the Q.A.I.M.N.S. The nurses under the administration of the India Office served only in India and were ninety-five in number. They are now named Queen Alexandra's Military Nursing Service in India.

The Service itself was formed of (1) a matron-in-chief, (2) principal matrons, (3) matrons, (4) sisters, (5) staff nurses. The duties and pay of these grades were laid down, and a list of hospitals and nurse training-schools drawn up whose training was recognized as qualifying their nurses for entering the Service. The cases of those applying for admission from other training-schools were specially considered by the Nursing Board. The responsibility for carrying out the recommendations of the Nursing Board which had been approved by the Secretary of State rested with the Director-General A.M.S., whose principal officer in the Nursing Branch of the War Office was the Matron-in-Chief.

The Board set to work in reorganizing the Service, supplied a nursing staff for the Hospitals for Soldiers' Wives and Children in addition to the ordinary hospitals, formed certain new "Regulations for admission" to the Q.A.I.M. Nursing Service, for its pay, pensions, and

gratuities, and also drew up a scheme to develop the training of orderlies for the R.A.M.C.

The Herbert Hospital at Woolwich was the hospital in which the new scheme was initiated. Reports on the various hospitals as regards nursing equipment and requirements, as well as on the nursing proper, were made by the matron-in-chief and the principal matron; ward-masters were abolished, and the wards were managed by the sisters-in-charge. A scheme was also drawn up for the training of non-commissioned officers and men of the R.A.M.C.

Since those days not only have the pay and pensions of all ranks been increased, but new quarters have been built and the equipment of the hospitals improved, and the Army Nursing Service has consequently now been given a position such as it never had before. All candidates for the Service have to be British subjects between the age of 25 and 35 years, and must possess a certificate of not less than three years' training in a civil hospital having not less than 100 beds, and promotion is accompanied by examination. The orderlies of the Royal Army Medical Corps may receive three years' training; they have lectures and demonstrations given by matrons, sisters, and medical officers, and gain a certificate. There are practically no Nurse-

Training Schools for men outside the Army. Men may also train as Mental Attendants, electro-therapeutists, etc.

The institution of Queen Alexandra's Military Nurses marked a new step in regard to the status of the profession. In it we have a definite service not only under Royal patronage but with continued Royal interest, and adapted for a type of nurse who would hold her place in officer rank, although no such rank was given to her in name. A nurse could now enroll as staff nurse, could make her way up from sister to matron, and, as administrative work was allocated as in civil hospitals, she had in fact complete control of her own domain. There was also a great enlargement of responsibility for the well-being of the patient and the training of orderlies, and as the responsibilities were considered to be specially heavy, the class of woman enrolled was in the educational sense to be of the best. The medical part of the Service benefited greatly from these changes, and there is no wonder that the Service became attractive to capable nurses who had trained in civil hospitals. They had the opportunity of seeing the world, studying diseases they would not otherwise have come across, and, above all, of directly serving their King and country and helping in the all-important work in peace and

war of maintaining the health and well-being of the British soldier.

Half a century ago the Army was far from being the healthy body of men it has now become. In peace time the same transports that now bring about 100 patients then brought 1,500. Mortality from wounds in war, heavy as it was, was not dreaded as was sickness. There was tuberculosis, Malta fever (now practically extinct), malarial fever (immensely reduced), and, until the South African War and during it, enteric. During that time the general hospitals of 520 beds, since so well known, were first established, and the nursing staff came from many sources both at home and in the overseas Dominions. This of course led to the institution of the present organization at the seat of war with its unity of control through a matron-in-chief, assisted by principal matrons. Nursing orderlies also were finally differentiated into nursing orderlies proper, clerks, cooks, and general duty men, after receiving a preliminary six months' course at Aldershot, and the nursing men and a proportion of general duty men were placed under the matron, who, under the medical officer, was now given full charge of the wards and nursing instruction. Indeed, in time the educational work of matrons and sisters became very heavy, for not only had they to deal with

the instruction of the orderlies and future male nurses, but the matrons and sisters of the Reserve and Territorial Services came up to learn the routine of military hospitals, and men of the St. John Ambulance Corps and Territorial R.A.M.C. had also to receive instruction. St. John's men came into hospitals while the regular orderlies were attending manœuvres.

One wishes that Florence Nightingale had lived to see the immense transformation in the health conditions of the Army owing to the increased attention to sanitation which she so urgently pressed on the authorities. She did see much of it and a great deal of the devotion to the scientific side of their work that has made the work of the Army Medical Service famous. This, too, had been her urgent desire, and in the end the necessary grants for carrying out the work of investigation were made by the Treasury. This new spirit of investigation, of not being content to cure the disease but of endeavouring to discover its cause, has characterized the work of the last fifty years, and has made the task of all intelligent men and women who are helping in carrying it out, sometimes in what seems a humble way, enormously more interesting and important. What had been the business assigned to the scum of the earth has been found

to be one worthy of the best brains and skill of the nation.¹

Queen Alexandra's Royal Naval Nursing Service

Queen Alexandra's Naval Service, the corresponding Service for the Fleet, is a small service, being composed of 3 head sisters, 7 superintending and 65 nursing sisters, all ranking as officers and taking rank after the surgeons. There is also a Reserve Service, carried on through civil

¹ The total number of deaths in all branches of the Nursing Service during the Great War and including the members of Voluntary Aid Detachments and the Special Military Probationers who are classed with them:

Killed and drowned through enemy action: Q.A.I.M.N.S. Reserve, 23; V.A.D.'s, 13; T.F.N.S., 6; V.A.D.'s working with T.F.N.S., 3; in all, 45.

Killed and drowned accidentally: Q.A.I.M.N.S. Reserve, 6; V.A.D.'s, 3; V.A.D.'s working with T.F.N.S., 2; in all 11.

Died abroad: Q.A.I.M.N.S., 5; Q.A.I.M.N.S. Reserve, 37; V.A.D.'s, 29; T.F.N.S., 9; V.A.D.'s working with T.F.N.S., 3; in all, 83.

Died at home: Q.A.I.M.N.S., 1; Q.A.I.M.N.S. Reserve, 39; V.A.D.'s, 39; T.F.N.S., 33; V.A.D.'s working with T.F.N.S., 49; in all 161.

Thus the totals are:

Killed and drowned through enemy action, 45; killed and drowned accidentally, 11; died abroad, 83; died at home, 161; in all, 300.

In addition to these there were nurses and V.A.D. members belonging to the British Red Cross Society and not in receipt of Army Pay who lost their lives during the war; nor do these figures take into account the members of the Overseas Forces who died or were killed.

hospitals, which guarantees a certain number of nurses in case of war. The work of the sisters is mainly on land and is limited to the hospitals to which they are attached, but they may be transferred to other naval hospitals or in some cases to hospital ships. The nursing on board ship is done by men. The nursing sisters instruct the stewards and attendants of the sick-berth staff in nursing duties.

We must now deal with the young Nursing Service that came into being when the Volunteers changed into the Territorial Force.

Territorial Army Nursing Service

Seven or eight years before the Great War it was felt that the reform of the auxiliary forces of the Crown was long overdue, and that measures must be taken to establish a thoroughly well-equipped army which would not alone act as a feeder to the regular forces as the volunteers had done during the South African War, although designed for home defence, but which would be complete in itself, composed of the various arms, infantry, cavalry, and artillery, not in haphazard proportions, according as the spasmodic patriotism of the country might dictate, but each forming a section of a well-organized whole. This being so, it was of course essential that there should be an organized and well-thought-out

medical service, a service which had been almost non-existent in the volunteer days. In those days there had only been a regimental medical service of an undeveloped sort and no provision had been made for hospitals or hospital staff.

The organizer of this new service was one whose name should always be esteemed, both on account of his work in designing this service and because of the splendid work he did as Director-General of the Army Medical Service during the Great War, General Sir Alfred Keogh. In 1907 he set his mind to work to constitute a service worthy of the work it was designed to do. He realized that the Territorial Force was designed to repel invasion and that it had to deal with wounds in the field and sickness amongst soldiers. Therefore it must be prepared to meet these demands, or the Home Army would be a farce.

The Territorial Force was estimated to number 300,000 men, and it is evident that such a force (as a matter of fact during the war nearly tripled) would require a large medical and sanitary establishment, and this was planned out very carefully on the lines of the Medical Corps of the First Line Army. For our purpose we are only concerned with the base or general hospitals which provided the final stage of the scheme. Twenty-three of these were estimated to be required, and the centres where they were

to be placed were carefully chosen. Ultimately it was decided in 1908 to establish them in places where there was already a university or great civil training-school and where the best skill would be available, whether in England, Scotland, or Wales. Each hospital was to number 520 beds, which was what was likely to be required with an ordinary percentage of sickness and wounded. The hospitals were not new buildings ; they were buildings already existing and being used for other purposes—workhouse infirmaries and other institutions of the kind. Arrangements were made whereby in dire need these should be vacated and handed over to the Army.

For these embryo hospitals a staff was provided complete, and of course an important and necessary part of the staff was the nursing section. Just as the very best physicians and surgeons in the great medical services responded heartily to the call when they were asked to promise their services, so the desire was to get the very best of the civilian nursing profession for the work of tending the sick. The demand was not small. The staff required and enrolled was 2,783, i.e. it was estimated that 121 matrons, sisters, and nurses were required for the twenty-three hospitals, whose beds would number about 12,000 in all (520 beds in each hospital). This

was allowing for a considerable surplus for eventualities. Each hospital was designed to have 2 matrons, 30 sisters, and 89 staff nurses, i.e. 92 in constant work and a reserve staff of 29. This number was speedily enrolled by the principal matrons, who were appointed in the various centres to carry on the organization with the help of local committees, and the whole service had at its head a matron-in-chief. The members of the service carried on their avocations as usual, and they were unpaid; but on mobilization it was understood that they would be placed as regards remuneration on exactly the same scale as that of Queen Alexandra's Imperial Military Nursing Service. Only fully trained nurses with a three-years certificate were and are accepted as Territorial nurses, for the standard is the same as the high one of the First Line Army. The future matrons went for occasional training at a military hospital in order to learn military routine. The principal matron (who is usually the matron of a large civil training-school) is co-opted on the County Territorial Association, where questions involving nursing matters are discussed. At headquarters there is an Advisory Council whose chairman is the Director-General of the Army Medical Service.

This carefully planned service, which had as its first matron-in-chief Dame Sidney Browne,

who had previously been Matron-in-Chief of the First Line Service and who worked indefatigably to make the new service efficient, had only existed for seven years when it was mobilized on the outbreak of the Great War in August 1914. The early days of that month will never be forgotten by the Territorial Nurses. The response to their call was immediate, and the nurses were in their places as soon as the hospitals were ready to receive them, that is, within ten days. One hospital, indeed, was ready to receive patients on August 7th.¹ But it was also realized that the conditions were to be entirely different from what was expected by those who organized the service. The Territorial Nurses were designed to deal with the Territorial Force, which was a Home Defence Army, so that preparation was made primarily for invasion. As we all know, the Territorials practically at once volunteered for foreign service and just counted the days till they were considered fit to "go out." Hence the hospitals were used for every sort of casualty that was sent home. Thus the Territorial became the great nursing service for this country, and finally its nurses, too, were sent out as the need for nurses abroad developed.

Of course their numbers had soon to be in-

¹ *Medical History of the War*, by General Sir W. J. Macpherson.

creased. After nine months of the war the original 2,783 increased to 4,000, and by the end of the war the number enrolled was 8,140, of whom 2,280 served abroad.¹ The hospitals increased likewise as was possible, and by the end of the war some of them had more than 3,000 beds. It was impossible to deal with so large a number of patients with a fully trained staff, and consequently it was necessary to bring in the help of members of Voluntary Aid Detachments, who had received a certain amount of instruction from the Red Cross Society but who were not professional nurses. The trained nurses were dispersed throughout the hospitals where most needed (and this applied to every type of war hospital), and two members of the V.A.D.s took the place of each trained nurse.

This is a bald statement of facts, but one can realize what was felt in those crucial early days of August 1914, when the young service knew that great things, though it hardly knew what, were to be demanded of it. No one who lived through that time will ever forget it. The Matron-in-Chief was sitting in her office through the first days of August with letters typed and warrants and directions ready until she was

¹ In October 1918, before the Armistice, there were actually serving in home stations 3,095, and overseas 1,964 members, of the T.F.N.S.

allowed to dispatch them. Then came the time of tension until cases began to come in. It seemed as if the whole home population was struggling to do something, and the only apparent thing for women to do was to nurse. Private people offered their houses, Red Cross prepared hospitals to be nursed by members of the V.A.D.s acting under trained directions, and the only thing that these ardent spirits lacked, after devoting themselves to scrubbing out the dirtiest buildings and procuring by loan and gift the equipment necessary, was patients. The Army hospitals were ready and would clearly be able to accommodate all the cases for some time to come, and all the available staff was not yet called up.

No one could foresee the years of work that were before them and the tremendous demands that would be made on their patience and strength. Even in the beginning of January the Army Service had to add another 3,500 beds to those existing. Then it was that it was felt that we were running perilously near the point where civil affairs as regards doctors and nurses might become disorganized, and therefore everything had to be done to provide the beds with due economy of staff. The existing Territorial hospitals were extended to their utmost limits, and then other large hospitals of from 500 to 2,000 beds were instituted in existing buildings,

for hutting took too long to arrange, though it was made much use of in regard to extensions. The Local Government Board and Board of Education did their utmost to meet the needs of the War Office and to provide other accommodation for those that were displaced. In addition to this, 20,000 beds had to be provided in France.

The Territorial scheme was much associated with the Red Cross organization, for certain duties in reference to providing personnel (orderlies, etc.) for the hospitals were to be performed by the Red Cross and St. John Ambulance Association. Naturally this was but a tiny part of all the work of the Red Cross in providing hospitals, hospital ships, and other "voluntary aid." But on the nursing side of the Army hospital the greatest debt of gratitude is due to the ever-ready Voluntary Aid Detachments, the detachments which were formed to complete the Territorial scheme of medical aid.¹

The future of this splendid service is, like other Army Services, dependent on factors which concern the whole Army. The present scheme is to make the general hospitals much larger than

¹ Before the Armistice in 1918 there were serving in the Territorial organization 3,975 untrained members at home stations and 1,515 overseas. These included assistant nurses, special military probationers, and nursing V.A.D. members. The work done by these was said to be most satisfactory.

they were planned to be before the war (i.e. of 1,200 beds and capable of expanding to 2,400 beds if required), and to have units ready to proceed abroad, all of which require nursing staffs. These units will be the casualty clearing-stations, hospital ships, ambulance trains, nurses for surgical teams, and a reserve to replace casualties, etc. The total number of nurses required will probably be 4,444, and the system of giving short training in military hospitals to selected members will also be developed. It is clear that the immense value of the Territorial Nursing Service has been recognized, and perhaps its cheapness in peace time is in these days not the least of its recommendations. An unpaid service ready to spring to life when required is a great national asset, and the small sum that was spent on its organization in pre-war days was well rewarded. Even the red and grey uniform with its distinguishing T that was chosen by Queen Alexandra, its President, in 1910 was not given by the State until war broke out, and when it was given there were unavoidable delays in supplying it to all who needed it. But fortunately a nurse can fight for her country without its uniform, so that a short delay did not matter.

One of the matters taught by the war was that in general hospitals abroad the heavy work

which follows active military operations reaches base hospitals before the surgical teams of specially selected members return to their units, and that they therefore should not be formed from the staff of those hospitals, which thereby become depleted. Therefore the teams to be held by general hospitals for this work should be surplus to the establishment. For casualty clearing-stations, of course, only fully trained nurses will be used, and there will then be need for a considerable number of qualified women to assist the surgical staff.

For the future the same system of recruiting through principal matrons, their committees, and the County Territorial Association will be followed, and every effort made to popularize the service. It is hoped that in any new regulations opportunity will be given for as many nurses as possible to serve abroad. During the late war many were necessarily kept at home who would have been excellent nurses abroad and who were most anxious to go, and who thereby unfortunately failed to obtain the War Service Medal to which they otherwise would have been entitled. Their work at home might be just as strenuous and trying as would have been that abroad, and yet it did not bear the same glamour.

There are many other matters which will fall to be considered, such as concern transport of

luggage, the appointment of embarkation sisters, etc., and also there will have to be a member of the T.A.N.S. on the staff of the Matron-in-Chief Q.A.I.M.N.S. to assist in official work and records if Territorial hospitals proceed abroad. For it seems clear that the Territorial nurses will, like the Territorial soldiers, have to consider themselves ready for foreign service as well as home service. This has been one of the great lessons of the late war. In thus going abroad the nurses were but following the flag of their own Army.

The hospitals sent abroad were as follows :

London General Hospital, No. 53	.	to France
„ „ „ „ 54	.	„
Eastern „ „ „ 55	.	„
Southern „ „ „ 56	.	„
Western „ „ „ 57	.	„
Scottish „ „ „ 58	.	„
Northern „ „ „ 59	.	„
No. 48 General Hospital	.	to Salonica
„ 36 „ „	.	„
General Hospital, Egypt	.	to Egypt
No. 34 Welsh General Hospital	.	to Mesopotamia
„ 30 General Hospital	.	to France
„ 20 „ „	.	„
„ 73 „ „	.	„
„ 61 „ „	.	to Salonica
„ 30 Stationary Hospital	.	„
Stationary Hospital, Malta	.	to Malta
No. 15 Stationary Hospital	.	to East Africa

Staffs were also provided for hospital ships.

In addition to these, there were a large number of members sent out as reinforcements to the Regular Service, and from these members were posted to casualty clearing-stations, ambulance trains, and barges, on arrival at the theatre of war to which they were seconded.

Of the total number of members, 6 were killed by enemy action and 42 died from illness (9 abroad and 33 at home), making a total of 48. The discipline was so excellent that it was only found necessary to dismiss 7 nurses as unsuitable for service with the Army.

The Matron-in-Chief reported that throughout the war the members of the T.F.N.S. had proved themselves adaptable and had quickly fallen into the new conditions when housed in huts or under canvas. They had special duties, such as surgical team-work, and some had charge of small units and field ambulances in the very forward areas. A matron and certain T.F.N.S. members managed a general hospital for the Portuguese, and many took part in the nursing of Belgian refugees suffering from enteric fever, as well as other refugees. A certain number staffed a hospital at Bruges during the violent epidemic of influenza towards the end of the war, and thus it fell to their lot to care for women and children as well as men, for which their previous training was very useful. How many friends of the seriously

wounded men have had reason to thank the nurses of every service for the letters sent them ! And those who lost their dear ones often have had news from the nurses of what was done for them at the end, which otherwise would have been lacking.

Royal Air Force Nursing Service

This Service was instituted on a permanent basis in 1921, though it came into existence in 1918. A Matron-in-Chief is at its head, and there are 6 matrons, 4 senior sisters, 30 sisters, and about 80 staff nurses. The qualifications for entry are very similar to those of the other War Services. Service abroad is mainly in Iraq, Egypt, and Palestine.

CHAPTER IX

THE WORK OF THE NURSING SERVICE IN FRANCE DURING THE GREAT WAR

THE OUTBREAK OF WAR

EVERY Army nurse will remember the fateful August day when a nurse, if on leave or unattached, received a telegram recalling her instantly to duty, and the wonder and excitement that it caused. At that time there were approximately 300 trained nurses of all ranks in Queen Alexandra's Military Service and 200 reserve liable to be called up at twenty-four hours' notice, while 600 were guaranteed personnel from civil hospitals in event of war. By the end of the war 10,404 reserve nurses had been enrolled. In 1914, again, there were only 2,783 members of the Territorial Force Nursing Service, a number increased eventually to 8,140. If to these we add the thousands of Voluntary Aid Detachment nursing members and partially trained nurses who gave their assistance in military hospitals, we have, indeed, a great Army of Nurses, and one which played no

small part in the winning of the war. And of course the staffs of civil hospitals where military patients were received have also to be remembered.

The contrast with former days is the greater if we reflect that the total number of nurses employed in military hospitals in the South African War, 1899-1902, was 1,400, including 80 from Overseas Dominions, and that the original Army Nursing Service at that time numbered 81.

What happened to the nurse who found herself in this, to her, happy condition of being hastily shipped off to France ?

Those who so went will never forget the buildings at Havre (No. 2 Hospital), the Casino, Palais de Regatta, and Gare Maritime where the trains arrived ; the waiting-rooms and restaurant soon converted into a clearing-hospital—a type of hospital then so little known, but soon to be so common. Then came hospital after hospital—1, 4, 6, 8, 9, 10, 11, and 12 in quick succession, all brought mysteriously into being, despite the constant flow of men arriving at the same time. The initial difficulties were great, but were promptly dealt with by the help of the Red Cross, which already was to the fore with the “ comforts ” which were so valuable. Colleges and convents were supplemented by marquees ;

water and bath supplies, however, were terribly inadequate. Day and night the railway clearing-station had to be attended.

Then came the anxious August days, so impressed on the memory of all who passed through them, when things were going badly and when first Amiens and then Rouen had to be evacuated, the latter at twenty-four hours' notice. Some nurses went to St. Nazaire, where hospitals were afterwards sent; others to Le Mans, where a stationary hospital established itself in an archiepiscopal palace. This sounded well, but, alas! there was found to be Spartan simplicity dwelling there—no bath nor lavatory accommodation, no gas nor electric light. All these had to be installed, much to the improvement of the palace.

Afterwards came the new and tentative departure of sending nurses in couples in charge of the wounded from Le Mans to the base, and the experiment of having nurses on ambulance trains proved so successful that not only were they permitted to go to the front, but finally every ambulance train had its nursing staff attached. Hospitals were subsequently opened at Nantes, Angers (with a clearing-hospital and nursing staff at the station), and Versailles, where the hospital was situated in a most luxurious hotel in beautiful grounds (Trianon Palace); and Rouen and its racecourse both had hospitals.

It was on September 21st that Headquarters (Inspector-General of Communications), was moved to Villeneuve, where a station was already established. The nursing sisters required came from No. 6 General Hospital, which lost most of its equipment in the hurried retreat from Rouen by water to St. Nazaire. This hospital also supplied the staff for the various ambulance trains as they came into being.

At this early stage in the war there were necessarily a great many nurses doing nothing, impatiently awaiting orders, longing and champing for work, especially as they were well aware that there was much suffering not far off which, could they only have reached the spot, they might have helped to alleviate.¹ Military conditions, however, prevented this from being the case, so that those detailed for special duty on trains, etc., considered themselves the fortunate ones.

In October a stationary hospital was opened at Orleans and No. 10 General Hospital was opened at Rouen. By this time, after the Battle of the Marne and the re-establishment of normal conditions, the demand for nurses became so great that more had to be applied

¹ A good account of this time is given in *The Diary of a Nursing Sister on the Western Front, 1914-1915*. (Blackwood 1915.)

for, and ever after that—and indeed until 1919—there was no lack of work for the nursing staff. Nos. 1 and 2 Hospitals returned to Havre, now safe again, where excellent arrangements were made for nursing men, officers, and sick sisters. Abbeville became headquarters, and a general hospital was established at Boulogne. In November the Orleans Stationary Hospital was moved to General Headquarters.

At the end of the year there were hospitals at Havre, Etretat, Rouen, Boulogne and Wimereux, Versailles, Le Tréport, Dieppe, and Abbeville (L. of C. Headquarters), where were, besides the two stationary hospitals, staffs for nine clearing-stations, twelve ambulance trains, and seven hospital ships. Thus we come to the end of what may be called the preliminary phase, and the beginning of the ordered system which was to continue in being for more than four long years. We shall try to trace out the work of the Nursing Service in France year by year.

1915

During the year 1915 the nursing staff in France more than doubled in size, since it increased from 1,000 to 2,869, though of these 709 were V.A.D. nursing members. For now it had to be acknowledged that for the immense work that lay before us there were not trained

nurses to go round, especially as 89 such nurses were called off for service in the East. It was evident, therefore, that something must be done, and the help of the Red Cross with nurses trained and untrained was then, as so often, brought into requisition.

As the service became stabilized, however, regular arrangements had to be made to ease the situation. First of all, a Matron-in-Chief in France was nominated, and this greatly simplified the organization and made the wheels run smoothly as they could not have done without her. New units were opened in Calais, Boulogne, Rouen, Etaples, St. Omer; hospitals were sent from Canada, and three 'Red Cross' hospitals besides. Six isolation hospitals were also opened for infectious cases, and there were now no less than twenty-three ambulance trains, each with a sister and two charge nurses—this in addition to four ambulance flotilla, i.e. barges each carrying a sister and a staff nurse. Of these we shall speak later.

The number of the casualty clearing-stations to which nurses were posted was increased from nine to twenty-nine, added to which a nursing staff of four was supplied to three field ambulances. The staff of each of the clearing-stations again was increased from five to seven, in order to allow of leave being given to those to whom

it was due, for now arrangements were made for regular leave being given—seven days at first, afterwards increased to ten. Of the wonderful team-work done at these stations (for team-work became a new and interesting feature in the war) we must speak hereafter.

Groups of specially selected nurses, chosen from different units with the greatest care, were nominated from various areas to hold themselves in readiness to start at short notice for emergency work of various kinds; and when temporary ambulance trains had in time of pressure to be equipped without a nursing staff, a trained nurse was posted to the various V.A.D. dressing-stations on the line of communication to assist. A great boon to the nurses, who were thus constantly on the move, was the establishment of houses at Abbeville and St. Omer where nurses from trains, barges, etc., or passing to front areas, could be accommodated.

It may be imagined that the arrival of V.A.D. members this year met with some criticism and opposition. To many it appeared as though the untrained were being asked to do the work of the trained, and as though the profession would inevitably suffer. But it was clear that necessity has no law, and the necessity for such probationers and helpers was there. The girls were distributed amongst the various units, and

showed themselves ready and willing to face long hours and restrictions to which they were not accustomed, with the greatest loyalty; on the other hand, the trained staff came more and more to realize their value. A detachment of special military probationers, who had had some training in a civil hospital and had worked in military units at home, also arrived this year and justified their appointment. The arrangement as regards V.A.D. members, here and elsewhere, was that three V.A.D.s, so-called, were to take the place of two trained nurses, and of course the additional staff which was thus implied meant additional housing, mostly in those days under canvas. V.A.D.s were also useful for office work, and the meeting of fresh reinforcements was delegated to a senior reserve. Gradually the senior matrons of the large bases were called on to perform the work of principal matron of the area in addition to their own work, and this facilitated the working of the whole, allowing, as it did, a multitude of smaller matters to be settled locally.

In war the civil population has to be considered, and in February 1915 it was found necessary to open a hospital at Malassises for infectious cases in the Ypres sector, which was full of enteric when the British took it over. The hospital had patients of all ages from

infants onwards, and it was mainly nursed by Red Cross trained nurses, under a Q.A.I.M.N.S. matron, since the shortage was great at the time. But the special interest of the hospital on the nursing side lay in the fact that this was the first occasion on which V.A.D. members were employed in a military hospital in France. Though later on the unit was nursed by regular Army nurses, the work of the V.A.D.s will not be forgotten, since at last they had a chance of working on French soil. The quantities of garments which were now being sent from Queen Mary's Needlework Guild made all the difference to the civilians as well as to the soldiers.

In January of this year a detachment of six sisters and a lady superintendent from Queen Alexandra's Military Nursing Service arrived at Wimereux from India for duty with the Rawal Pindi British Hospital. There were three Indian hospitals, the Meerut, Lahore, and Secunderabad, established in this year; but the Indian nursing staff was later recalled to India, where they were urgently required. Three Canadian hospitals also arrived, and large numbers of Canadian sisters were gratefully received and posted to British units till their own were ready. In June twenty-eight Australian nurses also arrived to serve with the B.E.F., and the same month a

unit was staffed entirely by medical and nursing personnel from the Harvard School of Medicine, though attached to the British Forces, and a Chicago unit was established under the same conditions. All these were welcome aids.

The time had now arrived when convalescent hospitals were being urgently required. The first convalescent home for British officers was opened this year at Nice. It was afterwards moved to a luxurious hotel at Cap Martin, Mentone, for winter, and moved again to Dieppe in the summer. As regards the nurses, however, it was remarkable that in spite of the strenuous work undertaken by them—and the work was very strenuous—the sickness amongst the trained staff was this year very small—only 2 per hundred (which is the same as that in a well-managed home hospital), and a little more amongst the V.A.D. members, viz. five per hundred. The busy life seemed to agree with the nurses, but of course accommodation was required for those who did fall ill, and though at first sick sisters were placed in a section of an officers' hospital, they finally had hospitals of their own at Boulogne and Etaples. Then convalescence was also considered, and a convalescent home at Hardelot, established in a villa lent by H.R.H. Princess Louise, proved a delightful rest-house as well as a place of recovery from

illness ; and another private house was supplied at Paris Plage. There were also rest clubs at Wimereux, Etaples, and Camens, and an ordinary club (privately run) at Boulogne. Then there were thirteen of Princess Victoria's Rest Clubs for Nurses, which gave the change and rest from hospital atmosphere which was so much required.

A Conference of Principal Matrons held at Boulogne in April to decide the many questions of difficulty resulted in instructions of a helpful kind being sent to all matrons and sisters of hospitals, hospital ships, trains, barges, and casualty clearing-stations.

1916

Next year, 1916, as the war developed and the forces increased, the staff was also greatly increased. The war establishment was 1,540 trained nurses and 911 V.A.D. members, and the requirements were larger, since the new units—isolation hospitals, officers' and sick sisters' hospitals, etc.—all required extra staff.

We might just consider what the number of hospitals and other units had grown to. There were now in France 24 general hospitals, 3 isolation hospitals, 13 stationary hospitals, 29 casualty clearing-stations, 22 ambulance-trains, 12 ambulance barges, and 12 hospital ships on

the Channel route, and all were staffed with nurses. Large as the staff was, in February an urgent demand was made for 100 trained nurses and in March a further demand for 190 trained nurses and 350 V.A.D.s. In April a scale of emergency expansion for all hospitals on the lines of communication was issued showing immense increases in the number of beds. In August the requirements on the lines of communication stood at 1,755 trained nurses and 1,122 V.A.D.s, whereas the total strength left deficiencies of 415 trained and 125 V.A.D.s, exclusive of the needs of casualty clearing-stations, where alone there were 427 nurses working. The War Office made every effort to fulfil the needs, but trained nurses were scarce and the requirements of other fronts had to be met. At home there were all the General hospitals to be nursed, and other military hospitals were being continually opened in workhouses, asylums, etc., and naturally civil hospitals had to be carried on. By the end of the year the strength stood at 1,765 trained nurses and 1,079 nursing V.A.D. members, and the requirements were: 1,759 trained nurses for lines of communication and 536 trained for the front. If we take the *total* number of nursing staff in France at the end of the year, including Overseas, American, and British Red Cross nurses, it was 4,019. The

total number of establishments opened during 1916 was 65, whilst 23 units (including 18 barges) closed. All this time there were constant demands for administrative staff, and matrons were instructed to train senior sisters in administrative duties, so that they might be prepared to take charge of fresh units.

As 1916 saw such a rapid expansion of all hospitals in France and the accommodation question was also a difficult one, every effort was made to obtain hutted quarters for the nursing staffs in camp. Some nurses preferred being under canvas, but instructions were given to have all nursing staffs on the lines of communications housed in buildings or huts. It was thought advisable also that 100 nurses who had been in France since 1914 should be exchanged with 100 members from the Home Establishments, and this was done by degrees.

With the large number of patients to be cared for, it became necessary to set up hospitals for special cases. It was in 1916 that nurses were posted for the first time to a Mental Block which had been opened, and so satisfied was the mental consultant that he was anxious that nursing staffs should be posted to mental divisions in other units. This, however, was not considered advisable. Special duty in an aural department was done by selected sisters in connection with

the wonderful work for seriously disfigured jaw cases. Then, again, sisters with ophthalmic experience were posted to the Ophthalmic Departments in two hospitals: Every endeavour was made to secure the employment of nurses qualified for special duties of whatever sort, and now there was plenty of scope for those who had special abilities.

Sisters had other duties also, for now that the hospitals had become thoroughly organized, it seemed right that the orderlies should have the same advantages in the way of lectures as at home, and hence the sisters gave courses of instruction in a similar way when possible. Another extra piece of work undertaken was to give help to French civilians, mostly refugees; this was done willingly by sisters, and it is easy to realize what it meant to these poor people.

The work done by the Overseas Nursing Services throughout the war will be spoken of later, but even at this time their help was very valuable. At the beginning of the year the Canadians had four hospitals (3 general and 1 stationary) for British wounded and one stationary hospital for the French. Three other hospitals (1 general and 2 stationary) opened later. There were likewise three Canadian casualty clearing-stations. During the heavy work consequent on the Battle of the Somme,

Canadian sisters were lent for temporary duty in British units. A further Canadian general hospital was opened for the French in July near Paris.

The Australians sent two general hospitals from Egypt in 1916, and they supplied three casualty clearing-stations. They also lent nurses to British units. When the Australian Voluntary Hospital was closed down, the staff mostly joined the Reserve.

South Africa sent a general hospital in July 1916. In August the Matron-in-Chief (Mrs. Creagh) of the South African Military Nursing Service arrived, and she had a staff of 40 nurses.

The New Zealand Stationary Hospital arrived in July, and the staff consisted of the Matron (Miss F. Price) and 26 sisters. Some of these sisters worked temporarily in British casualty clearing-stations, where the work was heavy.

The American Nursing Service sent in June a further contingent of 33 nurses for the Harvard Unit and 15 more in December. The Chicago Medical Unit broke up, and most of the nurses returned to America. Boston sent Miss Alice Fitzgerald as an "Edith Cavell Memorial Nurse," paying all her salary and allowances. She was a highly trained nurse whose services were much valued.

In 1916 the sickness amongst the nursing staff, which had been so slight before, rose from 2 per cent. to 7 per cent. during an influenza epidemic. There were five deaths from this cause, but casualties from enemy action amongst nurses were this year not great: five trained sisters were slightly injured in the bombardment of 33 C.C.S. and another was hit on the leg at another C.C.S.

The accommodation for sick sisters had to be increased, especially for those of the front areas, who were taken in at St. Omer. At Rouen a separate villa was set apart for this purpose. Owing to sickness and to the large amount of work to be done, the leave for nurses was difficult to arrange during this year. At several times leave was stopped, and when leaves were resumed in October it was not possible to grant them in large numbers until the arrival of reinforcements, so that many nurses suffered.

It was indeed a year of heavy and continuous work, and the Committee appointed to consider the supply of nurses had a difficult task to discover ways and means of meeting the need that was so dominant. For those who did have leave home from France, Queen Mary's Hostel for Nurses in London was very helpful; while in France there was the Abbeville Nurses' Home, which was a collecting-point for reinforcements

for the Somme front during the heavy fighting which lasted from July to the end of the year. A villa at Mentone, lent by Captain and Mrs. Warre, and provided with every luxury and comfort for convalescent nurses, was greatly appreciated, as was the Princess Louise Home at Hardelot and another opened by the British Red Cross Society at Etrétat.¹ Mrs. Sinclair's Club at Boulogne was also very useful. All these institutions helped overworked nurses to pass through a difficult time, and showed how much could be done by voluntary effort.

It may be imagined that the question of discipline in regard to the enormous number of nurses and V.A.D. members was one of anxiety to those in charge. The Rules and Regulations for matrons and sisters of hospitals, casualty clearing-stations, trains, barges, and hospital ships were thoroughly revised and reissued to every unit. The complaints made were singularly few, and where they occurred had reference mainly to units of exceptional type. The office of the Director of Medical Services L. of C. was removed into a larger building, and here the Nursing Service had a separate wing which

¹ The Hôtel de l'Esterel at Cannes was opened by the B.R.C.S. in 1916 and was most useful to sisters on leave or convalescent. Lady Gifford worked untiringly there. Mrs. Angas opened a villa on the Riviera solely for Dominion sisters and V.A.D.s.

added greatly to the comfort of the matron-in-chief and her staff.

A very alarming fire took place in a stationary hospital of 300 beds (Grand Hotel, Wimereux), in which the hospital was gutted. The nurses behaved valiantly in saving the patients, and no one was much the worse. Again, the nurses of the hospital ship *Galeka* had a trying experience when that ship struck a mine and was sunk. But here, again, all patients and nurses escaped without harm, though 20 R.A.M.C. men were unfortunately lost.

After the King's visit to France, which occurred this year, the Military Medal was for the first time given to women for "bravery and devotion under fire." Nine nurses received the medal by the end of the year, and the sisters who nursed the King after his accident in France received the medal of the Victorian Order.

There was terribly hard work for sisters in the Ypres Sector during the gas-attacks this year. As many as 500 cases were received in one day at one unit, and the death-roll in twenty-four hours rose to over thirty. Sisters at the casualty clearing-station were obliged to put on helmets for a time. But the hardest work was on the Somme. There was a terrific bombardment on June 22nd, and on July 1st an advance began. On the following two days 68

nurses were sent to the front as reinforcements for casualty clearing-stations, and the hospitals were soon overflowing with wounded. Trained nurses were sent to the stations to help with the dressings of men arriving straight from the front on emergency trains, and at Havre and Rouen the work was exceedingly heavy, each hospital having as many as 2,000 patients and receiving two train-loads a day. Fifty additional nurses were telephoned for to join the 4th Army, and these were sent, some of them being Canadians.

When the Matron-in-Chief visited the Army to find out whether the nursing staffs were sufficient, she found that the work everywhere had been of an extraordinarily heavy nature, some of the nurses having been on duty for forty-eight hours at a stretch, in spite of the fact that there were as many as twenty-eight nurses in some of the units. In some casualty clearing-stations they arranged eight-hour shifts, working sixteen hours on and eight hours off. In addition to our own wounded there were large numbers of German prisoners, some of them very seriously wounded. The base hospitals were also very busy, and it was extremely difficult to meet all the demands for nurses. "The readiness with which the nursing staff met the heavy demands made on them and the cheerful way in which all stood the strain of

these anxious days stand out in the records of this year's work," is the record of the Matron-in-Chief in her Report.

This heavy work subsided somewhat later, but in November the port of Havre was closed owing to submarines, and in December a ship was sunk in Boulogne harbour blocking the entrance, and all this caused much congestion, since reinforcements had to come by Calais. In August Bethune was heavily shelled, and the casualty clearing-station there was hit and sisters on duty in the operating theatre were wounded with flying bits of glass, while patients had to be removed to cellars. It was reported by the officer in command that the sisters worked splendidly. There were other casualties, some affecting women and children, who had of course to be attended to.

On November 15th two casualty clearing-stations, Edgehill and the South Midland, were badly bombed, and one sister was slightly wounded by a bomb that killed one of her patients and wounded two others. The commanding officer reported the behaviour of the nursing staff to have been admirable, and in recommending her for the Military Medal commended the conduct of Sister K. Carruthers for disregard of danger in continuing to attend to her patients despite what was happening. The

conduct of sisters in an ambulance train with a full load of 450 sick and wounded which entered Amiens as an aeroplane attack began was also specially praised. The C.O. reported that the sisters went about their work coolly and cheerfully, and thereby allayed alarm amongst the helpless patients.

During the whole of this difficult year the work of all the branches of the Nursing Service was reported on in similar terms. It was a time of great expansion and development, but every one, the new branches of Overseas Nursing Services included, co-operated to meet the needs of the sick and wounded and to make the wheels work smoothly. Trained and untrained helped one another loyally, despite all that has been said about friction between them, for they all felt that every personal matter had to be sunk in working for the nation as a whole. The health of both was good, and particularly that of the trained staff, who were perhaps better fitted by age and training to meet the hardships of camp life; and the strange thing as to this was that the nature of the housing affected the percentage of sick nurses very little. That is to say, there was hardly any difference in this regard between those in regular buildings and those in huts and tents. This fact redounded greatly to the credit of the sanitary officers and

to the organization perfected before the war. It was the work of those who, like Florence Nightingale and Sidney Herbert and their successors, did such strenuous work in improving health conditions in the Army in the field that brought about these results.

1917

In 1917 the strength of the service was 1,365 trained nurses and 1,044 V.A.D.s and special probationers for the lines of communication and stationary hospitals, and 452 trained nurses for the front area, where it was not considered advisable to make use of V.A.D.s. The numbers increased in June to 1,807 trained nurses and 1,569 V.A.D.s., etc., and 686 trained staff at the front. However, by the end of the year it was possible to make a reduction there, and only 535 trained nurses were required at the front.

The need of nurses was greatest in spring, when the shortage of trained staff amounted to the large number of 283. Nurses were being sent out as quickly as possible to meet the requirements of expanded units, and during April, May, and June 548 trained nurses and 443 V.A.D.s embarked for France, but these were mostly for new units. The nursing staffs of some of the Territorial units were of great

use when sent out before their hospitals were ready, but in spite of that the shortage was considerable, though in December it was reduced to 184 trained nurses. In July the Territorial units were established with a personnel of 59 trained nurses and 48 V.A.D.s. Other extra units opened during 1917, and these had to be staffed, as had those for sick sisters and W.A.A.C.s, and those on the Mediterranean lines of communication, etc. The base hospitals had hence to be depleted to meet the urgent needs of the front areas. An Australian and a Canadian hospital were opened in France and a Canadian Forestry Corps Hospital was found necessary, and it had likewise to be staffed.

America's coming into the war naturally helped matters greatly. The staff of six American units arrived in May and June and took over six British general hospitals. The British met the units and remained to see them safely installed. One hundred and fifty-five Australian nursing members were likewise sent to France, and finally the Australians took over three units. Certain units were ordered to Italy—a general hospital, a stationary hospital, and staffs for ambulance trains, etc. All these changes required a great amount of organization; in addition to other nursing work 900 sisters proceeding for duty in the Eastern theatres of war were

met by the Embarkation Sisters at Boulogne and given all possible help for their journey.

In the spring of 1917 sisters with good operating-theatre experience were called on to form part of a surgical team, and thereby a medical officer was released. The "team" consisted of a surgeon, an anæsthetist, an operating-theatre sister, and an operating-theatre attendant. This system grew very rapidly, and there have been as many as six surgical teams working in one unit in addition to the normal staff of the unit. Most casualty clearing-stations had their own surgical teams likewise, and in July 1917 similar teams were organized at base hospitals and about thirty were sent up from the lines of communication to help in the 5th Army. Of course this depleted the hospitals of valuable theatre workers, so that it was necessary to have a nurse always under instruction in the operating theatre for this special duty. The system was so successful in times of heavy fighting that eleven surgical teams were transferred to Italy next year. These sisters were also trained in gas defence and equipped with anti-gas apparatus.

In addition to this work nurses were likewise specially detailed for neurological work, and the Carel-Dakin treatment was carried out in all hospitals and special nurses and orderlies reserved for the cases so dealt with. A special "research

hut " was opened at Etaples for this work, and a nursing staff was appointed for duty there, after having fourteen days of experience at the French auxiliary hospital at St.-Germain. Another interesting centre was the therapeutic hut (given by the Red Cross Society) with a large out-patient department. Nurses and nursing V.A.D.s with massage certificates, of whom there were a good many, were appointed for duty at this hut.

Owing to the shortage of medical officers, women (nursing sisters or nursing V.A.D. members) were offered training (if specially recommended by matron and O.C.) for three months as anæsthetists. A syllabus of training was drawn up and it was conducted in selected hospitals under competent anæsthetists. As many as 556 names were submitted to the Director-General for his approval. This will give some idea of the multifarious special duties to which nurses were called.

While the military work was so strenuous, there was also work for civilians to be undertaken owing to the large number of refugees who had suffered from mustard-gas attacks. Old men and even infants of five weeks old were badly burnt and had to have their eyes bandaged up. Then a great lunatic asylum at St. Venant was bombarded and a number of patients were

wounded and some killed. There was work to do, too, at the hospice at Hazebrouck, and the duty there was undertaken by one sister in particular (Miss Wright), whose services were afterwards recognized by the French Government. Ten members of the Almeric Paget Military Massage Corps were asked for and sent, more especially to deal with fractured femur cases kept in France, and these proved so useful that others were requisitioned also.

All this work required so much organization that a conference of the Overseas Matrons-in-Chief, held in the British Matron-in-Chief's office at Abbeville, was found necessary. There were present five matrons besides Miss McCarthy, the British Matron-in-Chief. Canada was represented by Miss Macdonald, Australia by Miss Wilson, South Africa by Mrs. Creagh, New Zealand by Miss Thurston, the United States by Miss Bell. An immense number of topics were discussed and a summary of proceedings was sent to the Matron-in-Chief at the War Office, Miss Becher.

During this year there was much more sickness amongst the nurses (overseas included), and 12 deaths occurred from sickness alone, while there were likewise 44 casualties due to enemy action. Five nurses were killed and one died of wounds. In April the hospital ship

Salta was torpedoed and only three staff nurses rescued. The *Transylvania* for Salonika was also torpedoed, but mercifully the whole nursing staff saved. The nurses behaved with the utmost bravery on this occasion. Leave to England was stopped in spring for about six weeks, so that nurses felt the value of Princess Victoria's Rest Clubs established in Paris, where theatre tickets, etc., were supplied to the nurses off duty. The homes in the South of France were likewise of great use and so were the Nurses' Hostels at Rouen and Boulogne. Queen Mary, on her visit to the hospitals of France, also visited the Sisters' Hospital at Abbeville, where the Matron-in-Chief was a patient at the time, her place being taken by Miss Beadsmore Smith.

The extreme cold of 1917—frost lasting until April—made the work very difficult, especially in camp hospitals. Kettles for making tea had often to be filled with broken-up ice! By an air-raid in the Calais district sisters' quarters were wrecked, and in another raid five nurses wounded. There was no panic, and all the staff displayed both courage and gallantry. The most severe raid on lines of communication as regards casualties was at St. Omer on September 30th and October 1st. There had been much bombing there and the day staff often spent whole nights in the cellars, but on this occasion 1 staff nurse,

2 V.A.D.s, and 18 patients were killed and 58 seriously wounded. Another nurse died from wounds and two others were slightly wounded. Much damage was done during this raid, which lasted for some hours, but the nurses were splendid and with wonderful courage went on attending to the wounded promptly, calmly, and without consideration of themselves amid most distracting and nerve-racking surroundings. To give one outstanding example of this, one of the nurses was killed while sitting on the bed of a nervous patient, singing to him to try to calm his nerves. The very next night there was another heavy air-raid, but no casualties amongst the nursing staff.

Of course the nurses at casualty clearing-stations had to endure air-raids and shell-fire constantly, but from July onwards the advanced units suffered *continuously* night after night. The sisters' huts were sandbagged and they themselves were given helmets to wear. The most terrifying experiences were perhaps those of the nursing staff at Brandhoek in August, when a staff nurse, T.F.N.S., was killed, and at Zuydecloo in November, when definite raids were made on hospitals. Any cases of nervousness were reported at once, so that nurses might be released; but their behaviour won for them much admiration, especially as surgical team-

sisters had often to work in operating-theatres fifteen hours and more at a stretch, and at times the staff of a unit has worked for many days in sixteen- or eighteen-hour shifts. All this was done under most trying conditions. Every effort was made to keep up the nursing strength at the front, where their presence was so important, even at the risk of depleting the lines of communication, where the nursing strength was often much below establishment.

1918

In the last year of the War the staff of trained nurses on the lines of communication was again under establishment, but the V.A.D.s somewhat exceeded theirs, and the front area, which was of paramount importance, was fully supplied. The shortage of trained nurses was felt very much in the spring and autumn. After this, reinforcements were sent, some units closed, and thus the shortage was reduced. The casualty clearing-stations required large numbers of nurses in view of the spring offensive: the front area required 920 nurses, a higher number than had ever been employed before. In October there was again a serious dearth, and the signing of the Armistice on November 11th did not make any appreciable difference to the work for many weeks, since for some days there were no evacua-

tions to the United Kingdom, and this of course at once influenced conditions in France. Not only was the epidemic of influenza very severe, but a great deal of work had also to be done for repatriated prisoners, some of whom were seriously ill.

Of new units in 1918 there were two trains, fourteen barges, two general hospitals, four stationary, an isolation section, a sick sisters' hospital, and a military hospital of 800 beds established at Bruges. The constant moves in regard to units in advanced areas imposed a great strain on the staff, and again little leave could be given.

The demand for sisters trained as anæsthetists gave rise to many problems, since it increased the shortage of trained nurses already so pressing. The question of their accommodation was also a difficulty, since no unit provided extra accommodation to meet an emergency. The acting principal matrons had to keep lists of capable nurses who were successively placed under instruction in this work and made ready to proceed with a surgical team if required. An efficient theatre sister was placed in charge of the operating-theatre, and she acted as instructor, and a good nursing V.A.D. was kept in readiness to meet any special emergency or depletion of staff. Only three pupils were to be

under instruction at once. Seventy-six nurses began their instruction during the year, and of these 63 were ready to proceed to C.C.S.s for their final course two months later. The second and last course started in May 1918. It was decided that, despite the shortage of trained nurses, it would be unwise to use V.A.D. members for this responsible work.

It has been the custom for American and Canadian hospitals to have dieticians as part of their staff to supervise the preparation and serving of foods, special diets, etc., and generally to improve the cooking arrangements. This plan was tried in British hospitals. It is claimed that it resulted in great economy and also that it caused the value of foods to be much improved. In most American units there is a special diet kitchen, as in the large training schools. The dietician visits the wards daily and gets particulars of special diets required from the sister. This is a matter which should probably have more attention than it has received in this country, both for military and civil hospitals.

Besides anæsthetists and dieticians, special nurses had to be supplied for ophthalmic and aural work, as well as for mental cases. Fractured femur cases were also treated in a special ward. This work was specially heavy, and it was ruled that in such cases (unlike others) the nursing

staff might be moved at intervals. Indeed, without moving staffs occasionally it was most difficult to supply all the special nurses required. Then certain beds were set aside at one hospital for aviators who were placed under observation. Their pulses and respirations were taken after tests for height-giddiness, air-sickness, etc. One sister (Miss Livingstone) had been responsible for the accurate keeping of records of every case, and this was another special branch of nursing work which carried the nurse into a region hitherto unexplored! It is a typical example of the work in observation that the modern nurse may be called on to perform.

Another interesting experiment was that of having a special laundry for surgical dressings, in order to see what could be done to save the large quantities of waste material. An American nurse took this matter in hand and was helped by convalescents. It was calculated that in ten days £120 had been saved. Unfortunately, after three months the buildings were required and the laundry had to be closed.

The Portuguese General Hospital had to be staffed by British nurses, as the Portuguese could not provide trained nurses. The nurses were volunteers and the Portuguese were so grateful to the matron, Miss Harvey, that she was invited to teach British nursing to the

Portuguese after the war ended. An attempt was made to obtain Portuguese-speaking nurses for the casualty clearing-stations at Manilla, but this proved impossible and the project was given up. However, many Portuguese were admitted to British casualty clearing-stations and to other hospitals.

After the Armistice there was urgent demand for a staff of nurses to nurse Belgians at Bruges owing to the very serious epidemic of influenza. A matron and 24 sisters carried on this work, with local help from nuns and voluntary workers. In the end of the war, during the October push, there was much also to do for the French civilians and French soldiers fighting with our armies. Sisters with C.M.B. (Maternity) certificates were selected to help with the civilian population on the evacuation of Lille, but they were not required in any numbers. In the 1st Army civilian hospitals were, however, formed at Arras, Douai, and Cambrai, and much good work was done for the women and children. Large quantities of clothing for this purpose were obtained from Queen Mary's Needlework Guild and the Red Cross Societies of Britain and Canada, as well as from the French. The patients in the various hospitals were of every description. Some were wounded, some gassed, large numbers of influenza cases and many maternity

cases had to be dealt with. Some of the old people were suffering from large bed-sores from lying in cellars, in some cases for fifteen days, without attention.

In the spring, owing to the military situation, there was a great increase in the wounded to be treated and a great demand for trained masseuses (Almeric Paget Military Massage Corps). Ten arrived in January, and the services of V.A.D. masseuses were also utilized; the arrival of ten more reinforcements was welcomed, especially for the fracture femur cases. There were 34 members of the corps in the hospitals (lines of communication) in December.

Assistant nurses who had had two years' training in a fever or special hospital were sent to France for the first time in February 1918, and they rendered valuable assistance when help was sorely needed.

The advance into Belgium and Germany at the close of the war caused a great deal of change to meet altered conditions, and arrangements had to be made for sisters arriving as reinforcements. On December 17th Miss Tunley, Acting Principal Matron, 2nd Army, arrived with 10 sisters at Cologne, where a hotel was prepared for them.

This year was again one of much illness, owing to the serious influenza epidemic and sickness

amongst the nursing staff. From October to the end of the year there were never less than 437 women of all services (including Queen Mary's Auxiliary Army Corps members, etc.) in hospital, and there have been as many as 655; and during the year there were 42 casualties amongst the nursing staff, 41 of which were due to enemy action. Nine nurses were killed by enemy aircraft, six of whom were of the Canadian Army Medical Corps. At Etaples and Doullen the raids were worst. At Doullen No. 3 Canadian Stationary Hospital was struck and burst into flames, and 2 surgeons, 3 sisters, and 10 officer patients were killed instantly. The beautifully equipped St. John Ambulance Brigade Hospital at Etaples was entirely wrecked.

The declaration of the Armistice on November 11th of course brought about a tremendous sense of reaction, even though the work of the sisters was not likely to decrease. The question of recreation had always been a difficult one, partly because the customs varied in different hospitals, and it naturally became acute at this time. Overseas sisters, with the exception of the Australians, had always been free to dance in their own messes. The rule forbidding dancing had been loyally kept by the vast majority of British nurses throughout the war, and though the rule seemed to some a hard one, it was

probably justified by the circumstances in which the nurses were placed, and certainly by the extraordinary absence of the scandals which were so often foretold by those who in old days had objected to women being thrown into the turmoil and excitement of war as part of an Army otherwise entirely male. On this occasion, when active warfare had ceased, permission was given for dances in nurses' or R.A.M.C. officers' mess for members of Military Nursing Services, provided that in no case disturbance would be caused to patients, during the Christmas fortnight. Dinner parties were given by R.A.M.C. officers and were followed by dances, and indeed all over France dances were held and thoroughly enjoyed. It was good to think of the young nurse having a happy, normal life once more.

Leave had necessarily been suspended in spring, and afterwards there were many circumstances which made it inopportune, and consequently many arrears had to be made up; hence it was satisfactory that after the Armistice leave could be granted to many to whom it was overdue. The Riviera Convalescent Homes were very popular, and a new one, Villa Casa del Mare, was opened for the Dominion Sisters and V.A.D.s. The Rest Clubs were also of much use, and the Red Cross Society opened clubs for V.A.D. members. The Y.W.C.A. Club at Havre

was also used by the sisters and those proceeding from the East, and was a boon to them in travelling. The Canadian Red Cross opened a hostel at Boulogne for nursing sisters of all Services passing through this base. The Embarkation Sister was able to have her rooms there, and altogether it proved a great comfort to nurses detained at Boulogne, of whom there were many.

As was only right, on the official entry into Mons on November 15th, five members of the nursing staffs of the casualty clearing-stations in the 1st Army were invited to attend the ceremony. There were, of course, other recognitions of their work, such as a great luncheon given in London to the matrons-in-chief by representative women, and there was also a wonderful Commemoration Service held in St. Paul's Cathedral for nurses fallen in the War. Those who were present will never be able to forget it.

This last year of the War was perhaps the one in which the work done by nurses was most wonderful, just as it was the one in which the service was most fully organized. When we think of what happened in the "Retreat," the constant and terrifying air-raids and continual work carried on under shell-fire, we cannot but marvel at what the nurses went through, more especially as the influenza epidemic and the

serious shortage in staff made the conditions very difficult. Nurses often worked for five days and nights under shell-fire with practically no sleep and dealing with thousands of patients.

To take just one of many examples. One of the units at Achiet Le Grand in the 3rd Army Casualty Clearing-station started work soon after 5 o'clock on the morning of March 21st. There was a heavy barrage and the whole district was under shell-fire. The huts and tents were penetrated by pieces of shell. By 9 a.m. all patients were on stretchers ready for evacuation, when orders came that it was to admit patients. The work was carried on till 5 p.m., when the sisters were told that they must leave at 7 p.m. for No. 3 C.C.S. They arrived there, at Grevillers, at 8 p.m., and were ready to go on night duty when they received orders to go at once by motor-bus to 56 C.C.S. at Edgehill. They arrived at 10 p.m. on the 22nd. On the 23rd they worked in the wards and operating-theatres, and in the afternoon they left for Abbeville.

In other cases the nurses had very little sleep for over a week, and for nine days were not more than twenty-four hours in the same place. They left their units hurriedly by road, and after going some miles, the patients having been brought on, they would stop and work for twelve hours in the open, and before they could

rest they had to move on again as quickly as possible, driving all night and halting again in the early morning to attend to patients.

In April units were hurriedly closed—under shell-fire—after days of heavy work, admissions having been at the rate of 300 patients every six hours; they were reopened again, only to move again later. As soon as camps pitched, large convoys, both British and French, badly wounded and gassed, and numbers of civilians as well, would be attended to before the unit moved on. The work on ambulance-trains was also very strenuous, as they were frequently loaded under shell-fire.

Throughout the days preceding March 21st nurses had literally poured into the armies, but there were constant demands for more, and from the 25th to 27th 338 sisters arrived at the Home at Abbeville at all sorts of hours from the 5th and 3rd Armies, and by every sort of conveyance, the majority with nothing but the clothes they were wearing and their caps and aprons and tin hats. After being refreshed and sometimes before they could get a night's sleep, they were dispatched to other bases. Tired beyond measure, nurses were always ready to start work again. In those anxious last days of March the military situation was so critical that it was decided to withdraw the nursing staffs

from Abbeville and Tréport and not to take large convoys of wounded there, but this decision could not be adhered to and the nursing staff was gradually brought back.

The most severe of the many air-raids were during the latter part of May and June, though they continued until October. For the safety of the sisters the tents in which they slept were sunk and protected by sandbags, or else trenches and dug-outs were provided large enough for beds to be placed in them. All nurses were provided with gas-masks and helmets. Where hospitals were unprepared, nurses were sometimes sent to sleep in woods or caves. The raids were the greatest tax on the physical strength of the nurses. For after a strenuous day's work their rest at night was broken by dreadful raids lasting often for several hours, if not all night. The raiders would return four or five times at short intervals and fly so low that they could make use of their machine guns.

“Great bravery, devotion, and presence of mind have been shown by the nursing staff,” says the Matron-in-Chief, “and there have been so many acts of courage and total disregard of self that it is no easy matter to single out any particular case.” “The conduct of the nurses who were with Sister E. Andrews, T.F.N.S., at the time she was killed will show with what

spirit all were animated under such circumstances. On March 21st, 1918, at 58 C.C.S., Lillers, Sisters K. Maxey, T.F.N.S., and E. Andrews, T.F.N.S., Acting Sister M. A. Brown, Q.A.I.M.N.S.R., and Acting Sister M. D. Lestwick, Q.A.I.M.N.S.R., Canada, were crossing a railway line going from their quarters to the hospital to duty. A raid was going on and a bomb fell, which unfortunately killed Sister Andrews and seriously wounded Sister Maxey. The others decided that one should remain with the two who had been hit and that the other should return to the C.C.S. to get help. The whole time a series of explosions were going on from an ammunition-train which had been hit. After this experience Miss Lestwick and Miss Brown worked all night in the operating-theatre, displaying the most wonderful courage."

This occurred in the Retreat, but the Advance meant tremendous work because of influenza and pneumonia being rampant everywhere. There were 300 sick nurses on an average, and in the bases the nurses worked fifteen and eighteen hours a day with time off only for meals. The civilians had to be cared for also in the recaptured towns, the wounded, gassed, old and helpless men and women, some with large and filthy bed-sores. The work was not

appreciably lessened till near the end of December. Then there were the returned prisoners to care for. These came in thousands to the hospitals, scantily clothed and in a pitiable state of weakness, starvation, and filth, some hardly recognizable as men. They had terrible tales to tell, and in one hospital alone thirty-nine died within two days of admission. The nurses on ambulance-trains had heavy and depressing work carrying 600 men of all nations suffering from wounds, influenza, dysentery, and all kinds of sickness.

In looking back through the work of this year it seems as if one could never render too great a tribute to the women who, after the prolonged strain under which they had been working so long, were able day after day, without respite, to combat the truly awful epidemic of influenza and pneumonia and minister to the needs of the civilian population and to thousands of repatriated men.

One word must be said about the work done by the members of the Voluntary Aid Detachments who came to be of such use during the war, and who so completely justified the scheme which brought them into existence six years before the war began. On June 1st, 1918, there were 1,767 nursing V.A.D. members and special military probationers serving in France,

and many had previously served in military hospitals in the United Kingdom.

Much was said about difficulties between V.A.D.s and trained nurses, and it is easy to imagine that the relationship between a fully trained and partially trained staff was likely to cause some friction. However, the testimony of most of the V.A.D.s, as they were universally called, was quite different. The V.A.D. felt that she gained valuable experience, and large numbers of them were anxious to continue the work and get their demobilization orders cancelled. Their pay was not large (£20 to £30 per annum), but they drew the same field allowance as trained nurses, who on joining the Service received as salary £40. Field allowance was £54 15s., board and washing £65, and uniform £5. The V.A.D.s were inspired with a fine spirit of patriotism, and the trained staff recognized their value. On leave both travelled free of expense to their destinations, and both had the same regulations as to discipline.

Every effort was made to have good instruction given to the V.A.D.s and to vary their work in order that they might gain experience. Arrangements were made for giving them courses of lectures by matrons and senior sisters and sometimes by medical officers and specialists. Some did clerical work, and some cooked in

sisters' messes at a time when it was extremely difficult to find men with sufficient culinary knowledge. V.A.D. members had already been taking their turn in rotation in sisters' messes under the house sister. "General service" V.A.D. members were sent out in 1917, thereby releasing men employed in ward duties. At no time were they allowed to work at casualty clearing-stations, as it was found that even young and newly trained nurses were not able physically to undertake this strenuous work, owing to the long hours, number of deaths, and the nature of the cases.

The question arose as to how the useful work of the V.A.D. members should be recognized, and as 140 V.A.D. members and 13 special probationers actually serving in France sent in their names as desirous of taking up the nursing profession, they were allowed to dispense with one year of their training in hospital. Those of the nursing V.A.D.s who had given two years' continuous service could be recommended for the grade of assistant nurses and receive a red efficiency stripe.

CHAPTER X

OTHER WAR WORK AT HOME AND ABROAD

THE WORK OF THE OVERSEAS NURSING SERVICES IN FRANCE IN THE GREAT WAR

WE have so far dealt entirely with the work of the British Army Nursing Service in France; now we should like to tell firstly of the work done by the Overseas Nursing Services, and then of some of the special forms of nursing work that are comparatively new in the work in the field. Then we shall come to the work of nurses in other seats of war during the momentous four and a half years of warfare, and to the signally valuable work done in the home hospitals, to that in hospital ships, and finally to voluntary work of various sorts, but mainly that of the British Red Cross Society. All these should be remembered in forming an estimate of the part played by the nurse in restoring to health the sick and wounded soldier.

In dealing with the work of the Overseas Nursing Services in the Great War, we must remember that without them the shortage of nurses, which was very serious, would have

been so great as to prevent the sick and wounded from having anything like the attention they required. Fortunately, from the beginning of the war offers of help, voluntary as well as official, poured in, and the daughter Services showed that the same spirit burned in them as in those of the Mother Country. Those Services are modelled on very similar lines to the Home Services, and therefore they fell in with the conditions of Army hospital life very quickly. We shall enumerate their names and special work, and in doing so the work of the United States Nursing Corps must not be forgotten, since its help came even before its country came into the war.

CANADIAN ARMY MEDICAL CORPS

Of Canadian units there were 8 general hospitals, 5 stationary hospitals, and 4 casualty clearing-stations. At first the Canadian Matron-in-Chief, Miss Macdonald, at intervals visited the Canadian units, and subsequently, in 1917, an inspecting matron was appointed to the British Matron-in-Chief's staff.

Of the members of the C.A.M.C. in France, 4 died and 6 were killed or died of wounds, 7 were wounded and recovered. The Canadian units suffered specially heavily from air-raids, and all the Canadian casualty clearing-stations

came under shell-fire at the time of the Retreat. The behaviour of the staff was splendid at all times. The Canadians were the first Overseas contingents to arrive in France (so that a special debt of gratitude is due to them), and their numbers grew until in March 1918 there were over 800 working with the British Expeditionary Force. The co-operation of the Matron-in-Chief and her broad-minded advice proved of the greatest assistance. It is difficult to say what would have happened without the help given by the Canadian Red Cross, more especially in 1918, when multitudes of French and Belgian refugees had to be clothed and comforts given to the homeless and wounded.

THE AUSTRALIAN ARMY NURSING SERVICE IN FRANCE

The first Australian general hospital arrived in 1916 and proceeded to Rouen. Another general hospital came next month, and then an Australian casualty clearing-station was opened in July 1916 near Bailleul. A third general hospital came in 1917, and another Australian casualty clearing-station opened in October 1916. Other members of the A.A.N.S. were sent for duty in Imperial units in France, until in 1917 there were 155 so serving. These members were later (June 1917) grouped in three British units

working under matrons of their own Service. No. 38 Stationary Hospital (one of those so formed) proceeded to Italy for duty in November 1917. One sister was an experienced bacteriologist, and there were six surgical teams from the Australian hospitals. Seventy-five members of the Service were selected for training as anæsthetists.

The health of the A.A.N.S. was on the whole excellent, due largely to the fact that the Matron-in-Chief A.I.F. retained those who were not looking well when on leave or sick-leave for service in England, and posted fresh members to France. A special feature of the Australian hospitals was that they had certain Red Cross workers attached to them who mended linen, supervised Red Cross stores, visited patients, and did special invalid cookery. This was a useful innovation.

Fourteen members received the R.R.C. and seven the Military Medal. Some of these were awarded to sisters who "displayed great coolness and devotion to duty" during the bombing of No. 2 Australian C.C.S. One of the wards was struck, two orderlies killed and two patients, thirteen were injured, and two had shell-shock. The bombs fell between the mortuary and a ward; the end of one tent was torn and broken, the other tent was completely down, and the two

attached tents punctured with fragments. The mortuary was in pieces, and the body of one patient was found on his stretcher, the stretcher being embedded in the ground. Another patient was not to be found, having been blown to pieces.

The Australian nurses were at all times cheerful and devoted in their work, maintaining a very high standard of discipline, and the Matron-in-Chief A.I.F. gave great help and support to the British Matron-in-Chief. The casualty clearing-stations had frequently very heavy work—of one the Commanding Officer said that “he had not thought it possible for women to do such work.” In the trying times in the last year of the war the surgical teams were often working day and night.

NEW ZEALAND ARMY NURSING SERVICE IN FRANCE

The New Zealand stationary hospital arrived in France in July 1916, with Miss Thurston as Matron-in-Chief, and from time to time reinforcements or replacements of New Zealand nurses arrived from England. Sisters served both in surgical teams and as anæsthetists. “The work done by the stationary hospital was excellent.”

SOUTH AFRICAN MILITARY NURSING SERVICE IN
FRANCE

The South African general hospital arrived in July 1916 with its Matron, Mrs. Creagh, R.R.C., and it was selected as one of the approved training-centres for anæsthetists and also as a unit to receive all cases of fractured femurs from the Abbeville area. One lady acted as bacteriologist assistant in the laboratory, in which much valuable work was done. There were always the most cordial relations between the South African nursing staff and that of the other Services. A detachment of twenty-five nurses was sent to France for attachment to British units.

UNITED STATES ARMY NURSING CORPS

The Harvard unit was a general hospital staffed by medical and nursing personnel from the Harvard School of Medicine, but attached to the British Expeditionary Force and paid from Army funds. The Chicago unit arrived in 1915 and took over a general hospital and worked there for a year.

During 1917 six American units arrived in France for duty with the British Expeditionary Force, fully staffed with officers, nursing sisters, N.C.O.s and men of the American Medical Services. The units were Lakeside, Harvard,

Presbyterian, Philadelphia, St. Louis, and Chicago. Groups of nurses were also sent to France to be attached to British units. The American "chief nurses" (i.e. matrons) kindly gave assistance in regard to the work and training of dieticians, this being a matter in which they had specialized.

Certain decorations were awarded to U.S.A. nurses, and there was difficulty in regard to their being received by American subjects. However, it was decided that the restrictions did not apply to American ladies engaged on nursing services, so that twelve nurses received the Royal Red Cross and others were also decorated.

SPECIAL FORMS OF NURSING WORK IN THE GREAT WAR

CASUALTY CLEARING-STATIONS

Many of us have heard of the work of the advanced units early in the war. Villeneuve St. Georges is a very large railway junction near Paris, and in certain sheds some distance from the station a casualty clearing-station was established. The rest of the shed was otherwise occupied. It was indeed a curious place. "London Scottish" troops were billeted opposite, French sentries guarded the line, and groups of Indians were often seen squatting by their fires

near the sheds. Two nurses were sent up, and their quarters were in a disused ticket-office.

During the battle of the Aisne all cases were taken into the shed, and those which could not proceed farther were mostly carried by a fleet of American ambulances to Paris, and when a general hospital was established at Versailles they were taken there. Those in too critical a condition to be moved remained in the shed on stretchers, and, as may be conceived, any nursing that was done was carried out with extreme difficulty. Many patients were in a pitiable condition, having been lying wounded in the open for five or six days without attention, and with wounds which had become infected. The "London Scottish" gave excellent help, and, fortunately for the Sister, Miss Knowles, other nurses arrived for duty on ambulance-trains. An empty house was found to accommodate these nurses, and the nuns of a convent gave them food in their kitchen.

By the end of October sisters were regularly appointed to casualty clearing-stations, but before that the work was simply done with the assistance of nurses posted to trains waiting at railheads to load. Sisters for casualty clearing-stations were usually billeted as near the hospital as possible, or in convents, but later the units were either tented or hutted.

The first battle of Ypres meant a constant rush of cases in November 1914. During December the work was terrible, the stretchers being placed so close that there was barely room to pass. Had there been more sisters working it would have been much easier, but their employment was then considered experimental and the military situation was uncertain. In twenty-four hours one unit admitted as many as 1,500 patients. Arrangements were made for increasing the number of sisters temporarily by means of a permanent reserve of nurses behind, and this was the system followed throughout the war. As a rule, when casualty clearing-stations were properly organized, nurses were not allowed to remain longer than three or six months at this trying work before having leave, and experienced nurses only were selected.

The first gas attack at the second battle of Ypres was exceptionally trying on account of the high percentages of deaths and the impossibility of relieving the sufferers. The staff worked unceasingly twenty hours on end, but could see little result. The hospitals at Bailleul, the grounds and the fields around, were full of patients gasping for breath and shouting out for drinks.

In the early days there were no beds, only stretchers with brown blankets and laid on bare floors—no trolleys or dressing-tables; an empty

petrol-can served for soiled dressings, and a piece of clean paper as a tray for fresh dressings. When trestles were introduced early in 1915 it was the greatest boon to patients and nurses alike, and of course other things improved rapidly as comforts arrived from the Red Cross Society, Queen Mary's Needlework Guild, etc., as well as ward equipment from the Army Ordnance Store. Then the unit became organized into different departments—reception departments where cases were sorted and hot drinks given, pre-operative wards with resuscitation wards attached, and hot chambers for keeping blankets and sheets warm. There were also special wards for different types of cases, chest, abdominal, etc., and two or more operating-theatres with eight or even twelve tables.

During the Advance in 1918 when units were moving very quickly, in less than forty-eight hours sisters, officers, and men would all be found working in absolute order, despite every difficulty. The perfect way in which this was done was a surprise to everyone and a great tribute to good organization.

It was felt that sisters in charge of casualty clearing-stations should draw charge pay as acting matrons, since they were equipped for beds from 100 to 1,000 and had thousands of patients passing through in a week, and as the

work was usually given to experienced nurses, some of whom were matrons in civil life. The Oversea Services granted this boon, but unfortunately it was never done in reference to the British sisters.

BRITISH AMBULANCE-TRAINS

In the very early days of the war sisters did not work on ambulance-trains, but only at railway-stations, where they did what dressings they could and gave light food. At Versailles sisters came in groups from the general hospital to do this work, and also at Le Mans, where, in September 1914, there was constant day and night duty, and where trains, usually cattle-trucks, some with and some without straw, arrived at all hours with wounded in a very exhausted condition. These men had received little or no attention, and they needed so much while there was very little time in which to give it.

These, of course, were the early days, before there was proper organization, and before it was clearly known what was before us. When sisters were placed on the trains, the work of giving refreshments and smokes at stations was handed over to the Voluntary Aid Detachment members, who had already begun to work on their own account in a wagon on a siding at Boulogne. This kind of work was also done by

V.A.D.s with great success in Britain. The sisters on trains in France were able to procure the clothing, cigarettes, etc., the patients so much required, and the V.A.D.s helped the sisters themselves, giving them books and even seeing to their laundry-work.

The character of the trains soon changed. In the early days an ambulance-train was just a collection of old French trucks or French passenger-carriages, and of course there was no kitchen. On September 7th a nurse was first detailed to accompany a train, and the medical officer reported that her services were of inestimable value, and so it came about that two sisters were appointed to accompany all trains for Le Mans; finally, on each of the seven ambulance-trains there was a staff of two nurses, which was later increased to four. Gradually the trains became what we now call "ambulance-trains," with accommodation for "lying cases," a dispensary, a coach for staff and kitchen, as well as ordinary carriages for "walking cases."

Before the proper trains with communication between coaches were procured, sisters had to pass from coach to coach even when the train was in motion, with a load on their backs, i.e. a bag of dressings, etc., kept as aseptic as possible under the difficult conditions. Of course this was dangerous work and was officially for-

bidden, but the sisters knew that men might be dying in the next coach to theirs and persisted in the custom.

The average load was 400 to 500 patients, and a large number of these were men in a critical condition, brought to the casualty clearing-station practically as they had been found on the battlefield. Owing to the cramped accommodation in the early trains it was almost impossible to divest the patients of their filthy uniforms except by cutting away. On all journeys there were six or more deaths, and the journey to Rouen from the casualty clearing-station at Braisne took at least two and a half days, and at first there were difficulties in getting supplies. Occasionally temporary ambulance-trains were passed, and if the trains were stationary sisters would sometimes board these trains and do all they could for the patients, who were thankful for their help. One of the results of the presence of sisters at casualty clearing-stations was the very noticeable improvement in the condition of the patients taken on the trains.

The work done by the sisters in the early ambulance-trains was memorable: they worked under enormous difficulties and with, for themselves, the barest necessities and no comforts. The loads were heavy, and the journeys very

long and often taken under dangerous conditions. Even under shell-fire, as in one special case at Ypres, brought to the notice of the Commander-in-Chief, the sisters remained calm and collected and continued to tend and dress the wounded being received upon the train.

BARGES AS HOSPITALS

One of the means of transport of wounded which was in use from early in 1915 onwards, and which appealed greatly to the imagination of the public, was that represented by the four flotillas, each consisting of six barges, which travelled in pairs, towed by steam tugs. On each there was a nursing sister and a staff nurse, as well as the R.A.M.C. captain in charge and his personnel. No one could have thought that these grey-painted barges with their large red crosses and cream-and-white interiors had once been humble coal-barges, so much do fine feathers (or paint) accomplish! The "ward" in the centre had thirty beds, each with its locker, and amidships was a hand-lift on which to raise or lower patients. Stoves did the heating, electric fans the cooling, and electricity the lighting. Striped red or green and white awnings added to the picturesqueness of the barge. Two bathrooms were provided in this "floating palace," as well as all necessary kitchen and other

necessaries. The rounded top of the barge was rather a snare, especially in frosty weather, as there was but a narrow ledge. Oftentimes have sisters found that an icy bath in very dirty water was their fate! Indeed, crawling was sometimes the wisest mode of progression.

This orderly little hospital travelled along so smoothly that the patients often asked after it had been going half an hour: "Sister, when are we going to start?" and were suitably astonished on hearing the truth. How much pleasanter it was to journey thus than by train, and if their wounds only had been attended to at the casualty clearing-station, what joy to have themselves washed, freed from vermin, tucked comfortably into bed, and given a meal! The trip sometimes was right down to the coast, which took two or three days, travelling only by daylight, or else just to one of the advanced base hospitals. A wind was the worst enemy, for it might mean a delay of days before the narrow bridges could be safely navigated.

The two sisters had to share night duty, but both would be on duty in the forenoon, when dressings, etc., were seen to. Then one would go off duty in the afternoon and another in the evening, but the walls were thin and a gramophone loud, and sleep was difficult. The lovely time of rest came on the return journey. Then,

with cushions and books, the surroundings could be admired by the weary sister. But after arrival there was much tidying and restocking to do, and on the return journey the marketing was part of the entertainment. One of the poor sisters slipped on the bank and disappeared, purchases and all, but she was fished up again half-frozen and very dirty!

Even in favourable conditions, of course, it was not all rose-colour. Ventilators had to be closed if lights were burning, and wet dribbled in. The closeness was worst when gassed cases were being taken down and when the nurses longed to give air but dare not. Slight cases were sent down during the great spring offensive in large numbers and stretchers were slung for them. If the load consisted of gassed cases, the smell of gas seemed still to exude, even though uniforms had been changed and washing had taken place. The sisters themselves often felt "gassed," with sore eyes, sickness, and difficulty in breathing. And a time came towards the end of 1918 when there was a reduction of staff, and the sister and staff nurse had to take the responsibility of two barges instead of one. This meant scrambling from one to the other, often in rain and along muddy banks, and decks were sometimes slippery with rain or frost. Indeed, the canals occasionally froze altogether. But though

pieces of ice often struck the barge, it was nothing to the shells or bombs which dropped near, sometimes even on deck. Unpleasant as that was, it was worse to have a piece of shrapnel land on the bed on which sister was lying, as actually occurred.

The barges gave a life of adventure and discomfort courageously borne, and even borne with enjoyment.

THE WORK OF NURSES IN OTHER SEATS OF WAR, 1914-1918

It must be recollected that the nursing work to be done in France during the Great War was but one part, though the most important part, of the whole. There were many other centres of fighting which had to be provided for by our forces. The principal of these will be mentioned in order.

NURSING SERVICE IN SOUTH AFRICA (SOUTH AFRICAN CAMPAIGN)

In South Africa there were two separate Medical Services before the war, the R.A.M.C. under the War Office, and the South African Medical Corps under the Minister for Defence, and on a voluntary basis like Territorial Force units at home: the nurses of the one supplemented those of the other. On the organization

of an expeditionary force for service in German East Africa, two general hospitals were organized, and, owing to the scarcity of male nurses, the number of nursing sisters was increased, and coloured labour was used for menial duties. Miss Nutt succeeded Mrs. Creagh as Matron-in-Chief when the latter went to Europe, and she was able to get an ample supply of qualified nurses. Patients from hospital ships had to be arranged for after January 1917. Altogether there was accommodation for 9,154 white and 3,207 coloured troops.

Operations in South-west Africa were undertaken by the South African Government, in order to free Imperial troops then stationed in South Africa for service in Europe. The organization of the Medical Services presented many difficulties, owing to the very trying conditions under which the war was carried on, especially as regards the nature of the country. Medical Headquarters were first in Pretoria and then in Cape Town, and the force was raised much as Territorial units were raised from a personnel engaged in civil work. A provincial scheme for a South African Military Nursing Service had been prepared prior to the war, but not completed.

On the outbreak of war the Nursing Service was rapidly organized on lines similar to those

of the Imperial Nursing Service, but a larger proportion of nurses was enrolled in order to compensate for the shortage of nursing orderlies. Only trained nurses were accepted, and during the campaign 174 ladies were enrolled who gave invaluable service not only in the general and stationary hospitals, but also in the field hospitals which were established with the various columns.

On the termination of the campaign in the summer of 1915 these nurses volunteered for war service elsewhere. The Red Cross Society and St. John Ambulance Brigade did much to help, and there were innumerable offers of assistance, of houses, etc., from private sources; a hospital ship was also fitted out. Medical equipment was almost impossible to procure from Europe, but in the end, quantities of German stores were obtained.

There was a daily average of 33,000 white troops engaged in the campaign, and a total of 25,367 admissions to hospital.

EGYPT AND PALESTINE

At the beginning of the Gallipoli campaign there was but a handful of nurses at the base in Egypt, and they had more to do than they could manage. What made the shortage the greater was that two general hospitals (15 and 17) had

come out in 1915 without any female personnel, on the assumption that the hospitals were destined for Gallipoli; and therefore, excepting for their acting matrons, these hospitals had to collect a staff of trained and semi-trained nurses along with voluntary workers of all nationalities. Within a few days of the landing in Gallipoli the wounded and sick began to pour into Egypt, and this went on without intermission. In the first ten days 16,000 cases were landed and reinforcements of nurses were sent out without delay. The need of help was indeed urgent, for besides the wounded arriving, hospital-trains had to be staffed for transporting the patients to Cairo and elsewhere. Here the local V.A.D. members were most useful.

In July 1915, 200 nurses arrived and were dispatched to Mudros. The nurses were accommodated on the P. & O. s.s. *Simla* and drafted to ships carrying wounded as required. The ships ("carriers") were most unsuitable and devoid of comforts, but everything was done that could be done for the patients (who had to be moved rapidly) until the hospital ships arrived in September. These ships brought out the much-needed nurses for Egypt. In October 1915, No. 1 New Zealand Stationary Hospital embarked on the s.s. *Marquette* for transfer to Salonika. A very sad occurrence was that this ship never

reached its destination owing to enemy action, and that nine nurses lost their lives, whilst others suffered from shock.

In Mudros the cold was often intense and the discomfort in winter very severe. There were in autumn 1915 two general (one Australian) hospitals and three stationary hospitals. In February 1916 these hospitals were moved to Egypt, and then much-needed nurses could be sent to Salonika and Mesopotamia. In the latter place specially they were greatly required. Two stationary hospitals (15 and 16) were sent to German East Africa, and one of the general hospitals (27) was established at Cairo. Our line was now extending eastwards and hospitals had to be arranged at Ismailia, Kantara, Port Said, and Suez.

Then came the evacuation of troops from the Dardanelles and preparations for an immense influx of wounded and sick—an influx which mercifully did not arrive, since things went unexpectedly well. In this way beds were available for patients who had to wait in Egypt on their way home from Mesopotamia. The existing patients were sent to convalescent homes and camps. Beautiful hotels known to the luxurious travellers of peace-time at Luxor on the Nile were taken for these fortunate patients.

After this there was a lull, but in April 1917

our troops came into touch with the Turks at Katia and the hospitals were once more busy. Again, in August 1917, after the battle of Romani, there were very many wounded, and camps, besides hospitals, had to be provided for great numbers of Turkish prisoners. Four nurses were supplied to a special hospital to help with serious operations, which were numerous.

In April 1917 No. 36 Stationary Hospital moved from Suez to Mahemediah on the North Sinai coast and were thus near the firing-line. Patients came from Romani, and when convalescent were passed on to Port Said. The second attack on Gaza gave us numerous and very bad cases, and many of the patients arrived in a pitiful condition. Local help had to be appealed to, as nurses were overworked. As the Turks retreated, hospitals moved up to El Arish, Gaza, and Belah. There were stationary hospitals at these places, and patients were spared the long journey to the base.

After the entry of General Allenby to Jerusalem, nurses were sent there and attached to a casualty clearing-station established in a partially constructed Italian hospital. The work here was heartbreaking, for there was hardly any equipment and patients had to be nursed on stretchers or mattresses on the floor—a terrible thing both for patients and nurses. The British

and Australian Red Cross as usual came forward with badly required help, and things improved. At Jaffa the same experiences had to be gone through.

Then came the final surrender of the Turks in Syria, and with it a terrible outbreak of a virulent type of influenza. Thousands of the enemy, sick and well, had to be provided for in addition to our own men. A general hospital at Cairo (70) was filled with Turks and Germans, and the former died like flies, being half starved and very weak. German women and children who had been interned at Helocean had also to be provided for.

There were special difficulties for the nursing staff in respect of this area of war in 1917, in that Class A men of the R.A.M.C. had to be withdrawn to the firing-line and raw Arab boys, who understood no English, employed in their stead. These were of very little use. On the other hand, the value of the Nursing Service was great, as the country became settled, and their work was very much appreciated. Nurses were sent to Beyrout and Aleppo, and, though pioneers' work was very trying, the results were manifest and satisfactory.

Twenty-two nurses and V.A.D. members died from sickness or accident during the campaign, and eight were drowned within sight of land.

MALTA

The wounded from Gallipoli first left for Malta on May 1st, 1915. The Military Hospital was equipped for 277 patients, and there was also a Military Families Hospital. Temporary help was got from the Scottish Women's Hospital Unit on its way to Serbia. Miss Hoadley was appointed Principal Matron for Malta, and was succeeded by Miss Beadsmore Smith, now Matron-in-Chief. The wounded kept pouring in by thousands after the Expeditionary Force landed at Gallipoli (April 25th), and civil and tented hospitals were made use of. By the end of May there were over 4,000 patients in the island, and there were camps for convalescents besides. In September 8,000 patients were received from the Dardanelles, and a similar number in October; and the enteric and dysentery cases, which lasted all through summer and autumn, added much to the work. In December many were suffering from frostbite as the effect of the great blizzard that swept over Gallipoli. At the end of 1915, owing to the evacuation of Gallipoli, the medical situation altered for a time. In 1916 many wounded and sick came from Cape Hellas and Salonika, owing largely to the outbreak of malaria in Macedonia.

In 1917 submarine attacks in the Mediter-

anean made it unsafe to continue evacuation from Salonika, and five general hospitals were ordered to mobilize in Malta for service in Salonika. The nursing staff of four Italian hospital ships lent to Great Britain had also helped in transporting women and children refugees of the Serbian nation from Albania to Crete and elsewhere.

MESOPOTAMIA

After the evacuation of Gallipoli, No. 32 General Hospital without sisters was sent to Mesopotamia with a matron and 26 of the nursing staff, who were detailed for duty with No. 23 Stationary Hospital, which had already left for the same destination. It was finally established at Amara. At this time the Indian Government was conducting the Mesopotamian campaign, but the Imperial Government then assumed control, directing through Army Headquarters at Simla. A general hospital from India (No. 3 British General) had been at Basra since November 1915, and it had had very heavy work. The battle of Ctesiphon (November 21st-22nd, 1915) and the fighting round Kut caused many wounded to be sent down, and they were evacuated to India. There was also much malaria and dysentery among the troops.

At Amara it was difficult to get a hospital

established. Very few white women had lived in the country previously and it was thought that they might not be able to stand the climate. There was a hospital there called Rawal Pindi, after the station where it had been mobilized. The Stationary Hospital No. 23 sent from Egypt quickly increased from 250 to 1,000 beds. The mud in the rainy season, the fleas, followed by sandflies and other flies, were very trying, and there were occasional outbreaks of cholera.

When Kut fell on April 29th, prisoners were exchanged, and many were sent to the hospital in a pitiable state. Then from May onwards there was great heat. From June to September the temperature was from 114° to 120° in the shade. Of course the damp heat was the most trying, and when the wet-bulb rose towards 90° cases of apoplexy were apt to occur. During the year 1916 ice and fans were both short, and the sandflies and mosquitoes made the night terrible. Even out of doors there was no breeze and it was impossible to sleep; though of course punkahs were placed in the wards as soon as possible. Then the blankets and everything else were constantly stolen (even out of occupied wards), as well as the soiled linen from enteric wards. The one good feature in the Arab's character was that he did not steal from sisters. That was left to the Chinese, who had no

such scruples so far as white shoes and kimonos went!

The remarkable thing was that, despite all difficulties, the sisters stood the climate well—much better than the men, possibly from the fact that they had better accommodation and food, little or no alcohol, plenty of work, and no time to think of themselves. The drinking-water had of course to be carefully treated. The Red Cross Depôt opened at Amara proved a great boon, and at last patients could get their beloved cigarettes and other luxuries. Another general hospital came to Amara (No. 32), and gradually many improvements were made. Miss Jones was the Principal Matron.

In Basra things were much better. A hospital (No. 33) was opened there where No. 32 had been. Ice and soda factories were erected, electric light and fans installed, and hence the heat was not so much dreaded. Hospitals for Indian troops were sent out with a small nursing staff to supervise them. At Nasiriyah on the Euphrates there was a combined British and Indian hospital.

When the army advanced to Baghdad (March 11th, 1917), after Kut was taken, hospitals followed quickly. Before that, sisters were placed in the newer type of river-steamers. A stationary hospital (No. 23) went to Baghdad in May 1917 and took over the filthy Turkish

military hospital. There was a very long hot season and the nurses were kept hard at work, but it was wonderful how they held out. Basra was particularly unhealthy in July. At Baghdad there was a stationary hospital (No. 31), an isolation hospital, and officers' convalescent hospital. The French nurses had done their very best before the British occupation, and had helped our men as much as they dared, but they had had a very difficult time.

BRITISH SALONIKA FORCE AND ARMY OF THE BLACK SEA

In August 1917 there were with the British Salonika Force 17 general hospitals and 4 stationary, 5 casualty clearing-stations, 2 convalescent camps (one for officers and one for nurses), 2 ambulance-trains, and 2 ambulances. In addition to these we had with the Royal Serbian Army 4 general hospitals and 1 stationary.

The strength of the nursing staff, including members of the Canadian and Australian Army Nursing Services, was 1,066 trained nurses and 224 V.A.D.s. Members of the Australian Army Nursing Service replaced the Canadians.

One of the tasks that fell to the lot of the nurses in Salonika was occasioned by the great fire in the town in 1917. It was estimated

that nearly 100,000 people were rendered homeless, and in a very short time three camps for refugees were formed by the British, and their lorries were kept busy bringing in the homeless. Each camp had its hospital tents and two sisters were provided for each. The men worked splendidly for the unfortunate people.

The hospitals were scattered over a large area. Four were hutted, and many of the tented hospitals had good huts for operating-theatres, bath huts for patients, and most had huts for sisters' mess and baths—a real luxury on active service. In summer additional hospitals had to be put up to meet the increase of sickness from malaria and dysentery; and at a place about 7 miles from Salonika on the hills there were, in addition to these general hospitals, a tented hospital for sick sisters and a convalescent camp.

In the autumn of 1917, owing to the activity of the submarines in the Ægean Sea and Gulf of Salonika, it was decided to use the Bralo-Itea route, and a hospital was opened at Bralo, with a rest-camp for the nursing staff attached. The route onwards to Itea was by motor-lorry, and a small rest-camp was formed there also, where nursing staffs arriving too late at night to continue their journey could be accommodated.

In the spring of 1918, with the reinforcement

of the nursing staff came the first instalment of the General Service V.A.D. members, who relieved more R.A.M.C. men for duty.

The autumn of 1918 was a very busy time for hospitals, owing to the heavy fighting and rapid advance of the troops, along with the terrible epidemic of influenza, so that all hospitals were crowded. Then there were many hundreds of sick and wounded amongst the Greeks, for whom we had to care until their own hospitals were ready. The casualty clearing-stations had to move rapidly forward, and by October they were working at Dorian, Strumnitzer, etc., and later sections got to Kavalla and Sofia. To keep up the necessary supply of nursing staff in the hospitals and at the same time meet all additional demands was a difficult matter. Nursing staffs had to be provided for temporary duty at field ambulances to look after serious non-transportable cases, extra ambulance-trains had to be staffed, and many additional sectional hospitals temporarily opened. In addition 6 surgical teams (a medical officer, 2 R.A.M.C. orderlies, and 3 nursing sisters) were held ready to proceed from the base at short notice to help at casualty clearing-stations or where most required.

After the Armistice several of the hospitals were closed; one general hospital was transferred to Constantinople, where it opened in a

Turkish building with one section at the civil hospital in the town and another at the Seamen's Hospital. No. 28 C.C.S. moved to Chanak on the Dardanelles. In January 1919 a stationary hospital and a C.C.S. opened at Batoum and another stationary hospital at Tiflis; a C.C.S. at Varno (the "Brighton of the Black Sea"). A convalescent home for officers was opened in the British Yacht Club at Prinkipo, beautifully situated about an hour's journey from Constantinople. By the end of June 1919 only one general hospital remained at Salonika. A sisters' convalescent home at Bebek on the Bosphorus opened in July in a fine Turkish house; and in October the stationary hospital at Batoum moved to Asia Minor, and after that hospitals were gradually disbanded, though it was not till July 1920 that the hospital at Salonika was closed down and all our men evacuated. Troops were withdrawn from Batoum in July and the hospital closed.

Thus the work in this area lasted for a long time, and in the malaria season the work was very trying. Nurses had to go on duty with mosquito-veils over their hats, mosquito-gloves, and thick puttees. The difficulties of nursing under such conditions can be better imagined than described. However, the staff considered that, despite malaria and dysentery and mosquitoes, and the

fact that many of the nursing staff were invalided home practically every month, the work in Macedonia had a special fascination. The scenery was beautiful, there were exquisite sunsets, and masses of wild flowers. Those who went to Constantinople and across the Black Sea to Batoum and Tiflis considered themselves very fortunate to have this unique experience.

NORTH RUSSIA

A contrast to work on other fronts was that in North Russia. In October 1918 the hospital ship *Kalyan*, having accommodation for 900 patients, was detailed for duty here. Inner wooden walls had to be built 3 inches from the ship's side and the intervening space filled with sawdust, radiators installed, etc. Fourteen nurses formed the staff, and the sisters were given Arctic kit like the men's, leather jerkins, windproof linen coats lined with sheepskin, cloth caps with fur peaks and ear-pieces, etc., and felt boots to the knee—a strange and clumsy-looking staff they were, but proof against frostbite even with a temperature 35° below zero.

The ship was moored to the quay at Archangel, and already there was a British stationary hospital at work and a Russian building was being adapted for a general hospital. There were several medical units up the line, but it was not

considered advisable for British sisters to work in any hospitals ashore, though Russian Red Cross ladies assisted there. Thus the wounded were brought to the ship by barge, and the luxuries there were a joy to the men, who had been living in evil-smelling dark billets with no mails, books, or cigarettes. They had to travel 200 miles from the fighting line to get to Archangel! In winter the distance was covered by sleighs known as "coffins," the patients being wrapped in fur-lined sleeping-bags, padded with hay. Sisters taught relays of orderlies who came for instruction. In winter it got very hot in the wards, yet one could not open a port-hole, and exercise was difficult both for convalescents and staff. Sewing (a sewing machine had been thoughtfully provided), knitting, and reading filled up spare time, until in June 1919 the *Kalyan* returned to Leith.

MILITARY HOME NURSING DURING THE WAR

To appreciate the magnitude of the work done in the home country during the war, it is necessary to give some statistical information mainly derived from General Macpherson's official History of the War.¹

¹ *Medical Service General History: Medical History of the War*, by Major-General Sir W. G. Macpherson. (1921.)

The administration of the Queen Alexandra's Military Nursing Service at home was more centralized than that of other branches of the Director-General's Department, since there were no representatives of the Matron-in-Chief on the staff of the administrative medical services of commands *at home*, and no machinery existed on the outbreak of war for decentralization of the work. Miss Becher, the Matron-in-Chief Q.A.I.M.N.S., had then only a small additional staff to assist her, and the work that fell to her was very heavy.

Before the war the accommodation in military hospitals in the United Kingdom was approximately 7,000 equipped beds, 2,000 of which might be occupied, and at the time of the Armistice the number of beds had increased to 364,133. This included every type of civil institution (asylums, schools, etc.), as well as auxiliary hospitals provided by voluntary effort. There were only about 150 military hospitals before the war, some of which were unequipped. The 23 territorial hospitals were mobilized at once and expanded almost indefinitely (they had 48,234 beds by the end of 1917). Military hospitals also expanded at once and were added to; hutted camps were formed, "war hospitals" in asylums and poor-law infirmaries were opened, and in these cases the existing staff was taken

over though with some military personnel added, nursing as well as other ordinary civil hospitals offered to take in military patients, receiving a capitation grant; and every sort of hospital was offered by voluntary aid through the British Red Cross Society and the Order of St. John (over 1,014 in England and 190 in Scotland), often largely staffed by Voluntary Aid Detachments. Many of these were convalescent hospitals, though there were also 10 large military convalescent hospitals. There were likewise special hospitals (neurological, venereal, enteric, etc., etc.), and the Canadian, Australian, New Zealand, and South African Medical Services established hospitals in England. There was a hospital for Indians, and the United States took over certain British hospitals when she came into the war.

Taking an average of 317,000 patients to nurse, it is evident what a tremendous call there was upon the Home Nursing Service and how necessary it was that a large number of nurses should remain at home, fain as they were to go abroad. They had duties as important, if less recognized, as those who received the recognition for foreign service, and it was a matter of great regret that it was found impossible (owing to the enormous demands that would have been made for medals

for service men and women of every kind) to grant Home Service medals to nurses. Of course the many who were content to carry on the work of tending the sick civilians were equally deserving of recognition with the others, and indeed it required no small amount of self-abnegation for many nurses simply to carry on their ordinary civil work and help the war by keeping the civilian population fit.

The total number of sick and wounded disembarked at the various ports (mainly Southampton and Dover) during the war (August 28th, 1914, to July 31st, 1919) was 129,675 officers and 2,525,350 men. In addition to these numbers, there were 243 Belgian officers and 9,100 Belgian soldiers received in British hospitals early in the war, and more than 46,000 prisoners of war. Only one ambulance-train existed in England before the war, but twelve new trains were ordered at once for home railways, and eight others were soon added. From 120 to 200 lying (cot) cases were usually carried in these trains, and two sisters were attached. Of course there was accommodation for sitting cases as well. The largest number of patients distributed from Southampton and Dover in one day was 10,112 (July 6th, 1916).

HOSPITAL SHIPS

Hospital ships had to be increased in number early in the war. Beginning with the *Asturias* and *Carisbrooke Castle*, which were originally chartered as naval hospital carriers by the Admiralty, the demand for more and larger ships continued. At one time the "D.M.S. Embarkation" had under his control 100 hospital ships with 485 officers and 836 nursing sisters, two nursing sisters being allocated to every 100 equipped beds. The *Aquitania* carried no less than 4,000 sick and wounded, and once she carried as many as 5,000. Sixteen hospital ships were lost by submarines or mines.

VOLUNTARY HELP DURING THE GREAT WAR

The British Red Cross Society was fortunately thoroughly organized before the war, with branches in every county of England and Scotland.¹ Sir Alfred Keogh (who had done such wonderful work during his first term of office as Director-General of the Army Medical Service in organizing the Medical Department generally, and in particular in the organization of the Territorial Force Medical Service and the Voluntary Aid Detachments) was First Commissioner of

¹ In all Red Cross work during the War the Order of St. John of Jerusalem was jointly responsible excepting in Scotland where St. Andrews Ambulance Association co-operated.

the B.R.C.S. until he was reappointed Director-General at the War Office. The B.R.C.S. established and staffed many voluntary hospitals in France as in Britain, supplied V.A.D. members for motor-ambulance convoys, etc., as well as for nursing and "general service," supplied every sort of medical comfort to patients, gave recreation-huts for their entertainment, supplied convalescent homes for officers and sisters and much help in transport, etc. Indeed, its activities were numberless. The Red Cross stores included every sort of ordinary comfort for patients as well as tobacco, cigarettes, games, razors, soap, and so on, and the sisters repaired every morning to this unlimited supply of good things. For sisters, the beautiful chintzes, eiderdowns, and other luxuries given them made all the difference to their well-being.

Queen Mary's Needlework Guild shared in this wonderful work and made a speciality of supplying women and children in devastated areas, as well as soldiers and prisoners of war. The Guild of Church Art helped with mortuaries, chapels, etc. Lady Smith-Dorrien's hospital or "Treasure" bags were a godsend to nurses, as providing a place to put the patient's little treasures and making for tidiness. The "Smokes for Soldiers" and the War Library were also very valuable as aids to recovery. For the

nurses themselves Queen Alexandra's gift of fur-lined capes was much valued; and for the war-worn nurses a delightful gift later on was a month's holiday in Norway, arranged by a Committee of Norwegian friends.

There were, of course, also trained nurses who worked under the Red Cross in voluntary hospitals both at home and abroad. Many of these were retired nurses or married nurses whose husbands were at the front, and in the difficult days their help was invaluable. Some hundreds were sent to Belgium and France early in the war, and then a regular department was set up under a retired matron, Miss Swift, for selection of nurses for various auxiliary hospitals at home and abroad and maintained and organized by the Society. At the Armistice the British Red Cross Society had in France and Belgium 10 Red Cross hospitals, 8 convalescent homes, and 3 ambulance-trains, besides rest-stations, etc., so that a considerable trained staff was required. In time of stress the Red Cross trained nurses gave help in military hospitals.

The Red Cross also did much work in all the other centres of war in respect of nursing, and, in addition to their multifarious energies in other directions, trained nurses as well as V.A.D.s worked in connection with ambulances and hospitals in Italy; in Egypt there was a hospital

and convalescent homes; nurses and V.A.D.s went to Malta to help with the patients from Gallipoli; a nursing staff went to Serbia and dealt with a terrible outbreak of typhus and other infectious diseases. Invaluable work was also done in Russia, south and north.

In Scotland 3,213 nursing members of Voluntary Aid Detachments were posted for service in military hospitals. The Scottish Branch carried on a hospital at Rouen, staffed with trained nurses and V.A.D.s, two first-line general hospitals at home, one for paralysed soldiers and sailors, and about 190 auxiliary hospitals, mainly for convalescent soldiers and sailors.

The chief activities of the British Red Cross at home before the war were connected with the raising and training of the Voluntary Aid Detachments, the scheme for supplementing the Territorial Medical Service in the event of war in Great Britain. The county system—that on which the Territorial Force was recruited—was chosen as the basis of its constitution. The aid was to be given to clearing, stationary, and private hospitals, to ambulance-trains, rest-stations, and convalescent homes. When war was declared in 1914 there were 57,000 of these members of V.A.D.s (40,000 of whom were women), and by the Armistice they had increased to 90,000 (66,000 women); 30,000 of these were

posted for duty from Headquarters. They did the nursing of convalescent homes under trained supervision, acted as probationers in hospitals at home and abroad, thereby releasing trained nurses for new hospitals, and in addition acted as cooks, dispensers, clerks, and transport chauffeurs, and undertook a multitude of miscellaneous offices, in many cases replacing men. When the history of the Great War is written, the work done by the V.A.D.s—mostly young girls—will not be forgotten.

Some of the finest work in the war outside the regular services was done by the doctors and nurses who served in the Scottish Women's Hospitals in France for four years, in Salonika for three years, and with the Serbian nation almost throughout the war. With them they grappled with the typhus epidemic, they accompanied them in the Great Retreat, tended their wounded as prisoners in Kruchevatz, their refugees in Corsica. They were with them in their triumph. Women drove the ambulances, acted as stretcher-bearers and as cooks, and nurses and orderlies were all likewise women.¹

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This is the close of an extensive period of

¹ *A History of the Scottish Women's Hospital*, edited by Eva Shaw McLaren. (1919.)

service, and it represents an effort which it is to be hoped may never have to be made again. But it has taught many lessons to those who organized and to those who served. It has shown the value of preparation, especially the value of a preparation made through organizations that are capable of expanding. But to the nation as a whole it has also been a great object-lesson in how to preserve the national health. The nurses learned much that they did not know before, the volunteer nurses learned much that they carried into their homes and family lives, the patients learned much of what healthy conditions meant. And, finally, the nation saw the strides that had been made in sanitary matters during the last half-century, as well as the possibilities for the future, and these lessons will be remembered after the noise and strife of warfare have grown dim with years.

HONOURS GIVEN TO NURSES

In former days the only decoration for which nurses were eligible was the Royal Red Cross, but in June 1916 a supplementary warrant was published providing for the award of the Military Medal to women "who have shown bravery and devotion under fire." This was appreciated, but it was felt by many that nurses who should hold

rank as officers should receive the Cross rather than the Medal. This question of status is a difficult one. The U.S.A. nurses had regular rank as officers. Our nurses receive the recognition as it were by courtesy ; and many of them consider that were they to have it in fact, the usual forms of courtesy that they would necessarily receive from the men would be a drawback to their usefulness rather than a help. However, the question is one frequently discussed by the profession and its views are not yet clear.

The Albert Medal was awarded to 3 nurses (2 T.F.N.S. and 1 B.R.C.S.) in recognition of their gallant conduct on the occasion of a fire at a casualty clearing-station. A V.A.D. also received this Medal. Two nursing sisters who nursed His Majesty after his accident in France received the Medal of the Victorian Order. After the Order of the British Empire was instituted in June 1917, there were awarded to members of the British Expeditionary Force 1 G.B.E., 1 D.B.E., 6 C.B.E., 8 O.B.E., 3 M.B.E., 91 Military Medals, 23 Médailles des Epidémies (French), 2 Médailles de la Reine Elizabeth (Belgian), 4 Albert Medals, 1 M.V.O., 4 Croix de Guerre, 279 R.R.C., 950 A.R.R.C., 1,754 " Mentions," and 19 bars to R.R.C. Many of these were awarded to Overseas nurses, some Americans working with the B.E.F., and many V.A.D.s

and B.R.C.S. members working with the B.E.F., also some F.A.N.Y.s (convoys).

Mentions in Orders were made in several cases, notably in the case of the sinking of H.S. *Anglia*, when "through the courage and presence of mind of the Matron, Mrs. Mitchell, and the devotion of the nursing sisters, most of the cot cases were evacuated from the ship." On some occasions the Military Medal was awarded "on the field," but usually His Majesty the King has personally decorated the recipients, and Queen Alexandra has made a point of receiving the nurses after each investiture at Marlborough House and handing to each a book and signed address as a personal gift. She has always taken the deepest interest in the Services to which she has given her name and presidency, and her gifts and letters have been greatly appreciated.

EPILOGUE

WE have come to the close of a great series of achievements, many of which have seldom been equalled in the history of womankind, and most of which have never been excelled. We are proud of those who have borne the heat and brunt of the day on the field of battle and in the busy war hospital where work never ceased. Such work will never be forgotten in the annals of our country. But we should equally be proud of the many who have carried on in sunshine and rain, doing the commonplace work of the nation at home, guarding the children, tending the mothers, relieving the sick and the dying. To all these our gratitude equally goes out. And we can show our gratitude by doing what is in our power to advance the calling of which they are so proud, to make the opportunities for training better and the conditions of work better; and generally to think out methods of making a great profession greater still.

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